

2026 HELPING HANDS SCHOLARSHIP APPLICATION

Name: _____
First Middle Last

E-mail: _____ Phone: _____

Mailing Address: _____
Address City State Zip

Most Recent GPA (High School or College Cumulative): _____

Area of Study/Degree: _____

College you will be attending after June 2026: _____

College Address/Financial Aid Office: _____

Please complete the following checklist in full for your application to be considered.
Incomplete applications will be deemed ineligible for committee review.

- ✓ *Read and sign attached Scholarship Criteria and Release Form.*
- ✓ *Complete attached Scholarship Application Form and response questions.*
- ✓ *If employed, provide most recent W-2.*
- ✓ *Include a copy of high school or college transcripts, whichever applicable.*
- ✓ *Do not staple or print applications front and back.*
- ✓ *Scan as one complete document.*

**ALL APPLICATIONS MUST BE RETURNED TO
BAPTIST HEALTH CARE FOUNDATION BY:**

Noon, Friday, May 15, 2026

Return applications to Foundation@bhcpns.org

If you do not receive a confirmation email, please follow up.

No late entries will be accepted.

Applications are not reviewed until after the deadline.

Scholarship recipients will be notified by mail within four weeks after the deadline.

Scholarship payments will be made directly to the educational institution into the student's account. Should the student elect to drop classes or is asked to leave due to disciplinary/academic probation, all unused scholarship dollars will be returned to Baptist Health Care Foundation.

HELPING HANDS SCHOLARSHIP

Scholarship Criteria and Release Form

Baptist Health Care is an Equal Opportunity Employer and has a strong commitment to diversity. Every opportunity will be made to ensure scholarships are granted to those most deserving. Scholarships will be reviewed by a selection committee and managed by the Baptist Health Care Foundation.

Scholarships are open to Baptist Health Care, Inc. team members, their dependents, BHC contract team members (including Compass) and/or residents of the community.

Baptist Health Care is dedicated to its Mission of helping people throughout life's journey. In support of that mission, a commitment has been made to empower individuals with opportunities for lifelong learning and continued education. To learn more about Baptist's Life Long Learning program, contact lifelonglearning@bhcpns.org.

Scholarships will be awarded to those that meet the following criteria:

- BHC, Inc. team members must be enrolled and accepted into an educational institution or an accredited online institution.

*- BHC, Inc. team members must be enrolled in an educational program vital to a career within the BHC, Inc. system. This can include other areas vital to health care success, i.e. accounting, administration, marketing, social work, certifications, etc. **BHC family and community members are not limited to a specific career area.***

Scholarship Release Form

I understand that scholarships are awarded based on a combination of the following: academic excellence, financial need, demonstrated aptitude and critical needs in the health care industry (for BHC, Inc. team members only).

I understand that Baptist Health Care is committed to being an Equal Opportunity Employer. Therefore, scholarship opportunities will be awarded without regard to race, color, religion, national origin, disability, marital status, and/or any other status protected by law.

I further understand that this scholarship application is only active for **one year**, after which I must reapply if I would like to be considered for scholarships again.

I certify that the information provided by me on the attached application is correct and complete.

Signature: _____ Date: _____

Print Name: _____ Student ID #: _____

HELPING HANDS SCHOLARSHIP Application Form

APPLICANT INFORMATION: Please *PRINT* (in ink) or *TYPE*

Are you employed now? YES NO Employer: _____

Occupation/Position: _____

How many hours a week do you work at this job? _____

If employed by BHC, Inc., for how long? _____

Do you have family members employed by Baptist Health Care, Inc.? YES NO

Name of family member: _____

Title/Department Name _____

Applicant's estimated income last year? \$ _____

If employed last year, must include W-2. If not, write N/A so application is complete.

Are you the head of your household? YES NO

Do you have any dependents? YES NO

If YES, number of dependents: _____ Ages: _____

Estimated amount of parent/spouse annual support for your education: _____

Are you receiving any other scholarships and/or financial assistance? YES NO

IF YES, what kind/how much? _____

Are you currently applying for/receiving Life Long Learning from BHC? YES NO

List any extracurricular activities, honors, recognitions, professional affiliations, etc.

HELPING HANDS SCHOLARSHIP Application Form

All Applicants: Briefly describe why you selected this degree.

All Applicants: Briefly describe why you should receive this scholarship.

*Can use additional paper if needed