

# Code Blue Scholarship Program APPLICATION

New Healthcare Student

Advanced Healthcare Student

Name \_\_\_\_\_

Student Identification Number \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

County \_\_\_\_\_

Current Code Blue Sponsor Employee:  yes  no If so, which Hospital? Forsyth/Novant \_\_\_\_\_ High Point Regional \_\_\_\_\_ Moses Cone \_\_\_\_\_

School/Institution: \_\_\_\_\_ Anticipated graduation date: Month \_\_\_\_\_ Year \_\_\_\_\_

## Healthcare Program In Which You are Enrolled

### \_\_\_\_\_ Nursing

BSN: Junior \_\_\_\_\_ Senior \_\_\_\_\_

ADN: First Year \_\_\_\_\_ Second Year \_\_\_\_\_

CRNA \_\_\_\_\_ Nurse Practitioner \_\_\_\_\_

Other Master's Program (*describe*) \_\_\_\_\_

### \_\_\_\_\_ Clinical Laboratory Science

Medical Technologist \_\_\_\_\_

Medical Technician \_\_\_\_\_

### \_\_\_\_\_ Pharmacy

Pharmacy Technician \_\_\_\_\_

PharmD(doctor of pharmacy) \_\_\_\_\_

### \_\_\_\_\_ Radiology

Radiation Therapist \_\_\_\_\_

Radiological Technologist \_\_\_\_\_

Sonographer \_\_\_\_\_

### \_\_\_\_\_ Rehabilitation

Physical Therapist \_\_\_\_\_

Physical Therapy Assistant \_\_\_\_\_

Occupational Therapist \_\_\_\_\_

Occupational Therapist Assistant \_\_\_\_\_

Respiratory Therapist \_\_\_\_\_

### \_\_\_\_\_ Other Careers

Certified Medical Assistant \_\_\_\_\_

EMT Paramedic \_\_\_\_\_

Medical Coder \_\_\_\_\_

Registered Dietitian \_\_\_\_\_

Surgical Technician \_\_\_\_\_

Career Not Listed (*describe*) \_\_\_\_\_

Date of last CODE BLUE scholarship (if applicable): \_\_\_\_\_

### New applicants must attach all of the following to be considered.

- Letter (no more than two pages) explaining why you need the scholarship and why you choose a healthcare career.
- Letter of recommendation or Reference Form from current supervisor or teacher in sealed, confidential envelope.
- Letter of recommendation or Reference Form from previous supervisor, teacher, or person familiar with your academic or work performance in a sealed, confidential envelope.
- Copy of acceptance letter to healthcare program from accredited school if new student.
- Copy of official transcript reflecting an acceptable GPA from most recent educational program.

Scholarship Application must be received by June 30th and must be complete to be considered for scholarships awarded in August of that same year.

*I understand that the funds given through the Healthcare Careers CODE BLUE Scholarship Program will be awarded at a reception hosted by the CODE BLUE sponsors and that I will be expected to attend the reception to receive the scholarship check. I also pledge that all information given in this application is correct, accurate, and complete to the best of my knowledge. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my scholarship application.*

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Healthcare Careers CODE BLUE  
Attn: Marty Cooper, Program Director  
2560 Lockwood Drive  
Winston-Salem NC 27103  
(336) 765-8002 codeblue@triad.rr.com