



## Clinical Pastoral Education Scholarship Application

The Clinical Pastoral Education Scholarship shall provide financial assistance of up to \$1,000 to a Pastoral Education student at Carilion Roanoke Memorial Hospital demonstrating financial need. Funds from the scholarship may support CPE tuition; required background checks and drug testing; and required textbooks. This scholarship is made possible by generous donations to the Carilion Clinic Foundation.

### Criteria:

1. Be accepted into CPE program at Carilion (the scholarship recipient will not be notified until acceptance in the program is confirmed.)
2. Demonstrate a financial need
3. Have permanent residence within 50 miles of a Carilion Hospital for a minimum of 2 years

### Requirements

1. Demonstrate a commitment to serve in lay, licensed or ordained ministry within 50 miles of a Carilion Hospital.
2. Submit a copy of the most recent tax return.
3. Complete the unit of Clinical Pastoral Education. If recipient withdraws or is dismissed from the unit, the recipient must reimburse the Foundation for the full scholarship amount, plus \$100 administrative fee within 90 days of withdrawal from the program.
4. Sign an agreement with the Foundation regarding the terms of scholarship and the responsibility for those terms.

### Checklist for applying for scholarships:

- ☐ **Complete the scholarship application.** If items are missing, the application will be considered incomplete and **will not** be reviewed. The Foundation will not notify you of missing items.
- ☐ **Forward all application materials to the Carilion Clinic Foundation (Office hours M-F 8:30 AM – 4:30 PM) on or before the 08/01 Deadline**
- ☐ All applicants will be notified about scholarship application outcome after 9/1.

### **Please forward completed scholarship application packet to:**

Carilion Clinic Foundation, P.O. Box 12187, Roanoke VA 24016 or email the packet to  
foundation@carilionclinic.org.



## Carilion Clinic Foundation Scholarship Application

For assistance with this application, contact the Carilion Clinic Foundation at 540-224-4544.

**Forward completed application packet to:** Carilion Clinic Foundation, P.O. Box 12187, Roanoke VA 24016 or email the packet to [foundation@carilionclinic.org](mailto:foundation@carilionclinic.org).

Submission of the following material is required to be considered for the scholarship. Students may obtain only one scholarship from the Foundation for one unit of CPE, if you choose to do another unit you cannot apply for the scholarship.

Scholarship	Application	Essays 1 and 2	CV or resume	Recommendations required from faith group representative
Clinical Pastoral Education				Mailed directly to Foundation office

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, STATE ZIP:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Reasons for obtaining this unit of CPE:**



**Carilion Clinic Foundation  
Scholarship Application**

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**Essay question 1:** Using double-spaced text, please respond to the following essay question in the area provided below.  
Please describe your present ministry and your desire to minister in the area served by Carilion Hospitals:



**Carilion Clinic Foundation  
Scholarship Application**

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**Essay question 2:** Using double-spaced text, please respond to the following essay question in the area provided below.  
Please describe your financial need:

*Applicant Statement: I certify that all information provided is true and that it may be distributed for the purpose of determining eligibility. I understand that submission of this application does not guarantee that I will receive or continue to receive scholarship funds. I understand that the Carilion Clinic Foundation is not responsible for any confidential information contained in these forms that is intercepted and disseminated by a third party without my knowledge.*

Name

Date



Carilion Clinic Foundation  
Scholarship Application  
**Recommendation Form from a Faith  
Group representative**

Name of Applicant:

Name of Reference:

Title:

Street Address:

City/State/Zip:

Phone:

E-mail:

On a scale of 1 to 4 (1 being the low and 4 being high) please rank this applicant on each category:

	1	2	3	4
Ability to deliver pastoral/spiritual care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall recommendation: ☐ Strongly Recommend

☐ Recommend

☐ Do Not Recommend

Please comment on any aspect of the applicant's background, experiences, community involvement, etc., that will help the scholarship committee evaluate this individual's suitability for scholarship.

*By providing my name below, I indicate that all information contained in this recommendation is correct to the best of my knowledge, and it may be distributed for the purpose of evaluating and awarding scholarships at the Carilion Clinic Foundation.*

Name:

Date:

PLEASE SEND THE COMPLETED RECOMMENDATION TO: The Carilion Clinic Foundation, PO Box 12187, Roanoke, VA 24023 or [foundation@carilionclinic.org](mailto:foundation@carilionclinic.org).