The 2016 – 17 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 08/01/2016 Deadline

☐ All applicants will be notified about scholarship application outcome after 9/1/2016.

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.
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.

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Application</th>
<th>Essays 1 and 2</th>
<th>CV or resume</th>
<th>Recommendations required from faith group representative</th>
<th>Mailed directly to Foundation office</th>
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<tbody>
<tr>
<td>Clinical Pastoral Education</td>
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Name: __________________________________________________________________________________________________________________________________________________________________________________________

Address: __________________________________________________________________________________________________________________________________________________________________________________________

City, STATE ZIP: __________________________________________________________________________________________________________________________________________________________________________________________

Email: __________________________________________________________________________________________________________________________________________________________________________________________

Phone: __________________________________________________________________________________________________________________________________________________________________________________________

Reasons for obtaining this unit of CPE:

__________________________________________

Carilion Clinic Foundation
2016-17 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.
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:
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
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<tr>
<th>Category</th>
<th>1</th>
<th>2</th>
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<tr>
<td>Ability to deliver pastoral/spiritual care</td>
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<td>Educational Motivation</td>
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<td>Leadership Qualities</td>
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<td>Oral Communication Skills</td>
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<td>Written Communication Skills</td>
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<td>Potential for success</td>
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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.