

DR. KATHERINE BRAY STRICKLAND SCHOLARSHIP

This fund is to honor the memory of Dr. Katherine Bray-Strickland. Dr. Strickland was a 2009 graduate of BSOM and a first year Family Medicine resident when she lost her almost five-year battle with bone cancer. Her Brody friends remember her courage, humor, selflessness and optimism through this long struggle, but her passion was being an advocate for those who had special needs or whom society left behind. She would want to be remembered not as a cancer victim, but as a compassionate, competent, and effective family physician and friend.

One \$500 scholarship will be awarded for the 2013-2014 academic year and the recipient must be accepted to East Carolina University as a freshman in fall 2013.

This fund shall be used to provide scholarship support for an incoming freshman. The Pitt County Education Foundation shall screen and select the recipient based on the following criteria:

1. Student must be from Pitt County.
2. Student must be accepted to East Carolina University.
3. Student must have a weighted GPA of 3.0 or above.
4. Students must be intending to pursue a major in a health field.
5. Students must provide a one page essay regarding their interest in health.
6. First preference given to students who show demonstrated financial need.
7. First preference given to students who are likely to provide service to underserved individuals in Eastern NC

DR. KATHERINE BRAY STRICKLAND SCHOLARSHIP

Name _____

Address _____

School _____

Parent(s) Name _____

To be completed by school counselor

Weighted GPA _____

Class rank _____

SAT Total _____ Critical Reading _____ Math _____ Writing _____

Counselor's Signature _____

Please attach an official school transcript.

Please attach one letter from the principal, school counselor or teacher attesting to the moral strength of character of the applicant and evidence of the applicant's interest in a health career.

FINANCIAL INFORMATION

(This information will be held in strict confidence.)

1. Please list any scholarship or financial aid which you have already been awarded:

2. If there is a financial need that would make it difficult for applicant to attend college; that circumstance should be noted here:

3. Father's Name: _____

Occupation: _____

Employer: _____

Annual Income: _____

4. Mother's Name: _____

Occupation: _____

Employer: _____

Annual Income: _____

5. Number of dependent children: _____ Ages _____

6. Income from other sources: _____

7. Amount that family could pay toward the student's tuition (expenses): _____

8. Have you applied for any other scholarship or loan? If so, please list scholarship/loan and amount. _____

On an attached sheet of paper, please respond to the following question.

Limit your response to one page.

Please state your health care career goals, your long-term plans, and how your choice of a career in the health care field will impact the community in which you will live.