

Samantha Ross Hoggard Memorial Medical Scholarship

Dear Pastor,

Please announce to members of your congregation, or organization of the availability of the 2025 Samantha Ross Hoggard Memorial Medical Scholarship administered by Ross Baptist Church, Brotherhood, Windsor, NC.

Enclosed is the information about the scholarship and application forms.

Please make copies of the forms as needed.

Sincerely,

**Ross Baptist Church Brotherhood
SRH Memorial Medical Scholarship Program**

Please forward all replies to:

**Tommy R. Johnson, Director
Ross Baptist Church Baptist Men
140 Elm Grove Road
Colerain, NC 27924**

2025

INFORMATION CONCERNING THE SAMANTHA ROSS HOGGARD MEMORIAL MEDICAL SCHOLARSHIP

1. The scholarship was established by the family of the late Samantha Ross Hoggard as a memorial. Samantha was a four year old child who died from complications of her fourth heart surgery.
2. The scholarship is administered by the Baptist Men's Organization (Brotherhood) of the Ross Baptist Church.
3. The scholarship will be awarded to person (persons) each year.
4. The scholarship is open to only persons pursuing studies in the medical profession, such as nurses, therapists, technicians, etc., with priority being given to nursing.
5. The minimum level of training should be equivalent to a two-year (Associate) degree. The award or awards are available to full-time students only.
6. The most important criteria for selection of the scholarship recipients will be financial need; however, character and scholastic achievement is a factor in qualifying.
7. Deadline for receipt of completed application is September 10.
8. The recipient will be notified by October 1.
9. The scholarship money will be awarded only after the school enrollment process has been completed.
10. The award will be presented during a worship service at Ross Baptist Church, if possible, but this is not an absolute requirement.
11. The monetary amount of the scholarship may vary from year to year based on several factors.
12. The award for this year will be \$1500 each for two qualifying applicants.

Please mail completed applications to:

Tommy Johnson - phone number- 252-794-4763
140 Elm Grove Road
Colerain, NC 27924

Name: _____

Address: _____

Phone Number: _____

Name and phone number of nearest relative who does not live with you: _____

Year of high school graduation: _____

Name of school you are attending or plan to attend: _____

Level of degree you will receive upon completion: _____

Have you been accepted into the school? _____

Have you been accepted into your planned program of study? _____

Will you be a full-time student? _____

Have you been notified that you will be receiving other scholarships? _____

If yes, list names and amounts below:

Applicant's Signature

_____ Date _____

Please enclose the following:

1. A copy of your high school transcript
2. Three letters of reference from acquaintances who are knowledgeable of your character, abilities and ambitions (One from a teacher if possible)
3. A statement of financial need.
4. A paragraph about why you plan to pursue a career in the medical field.

Mail completed applications to: **Tommy R. Johnson**
140 Elm Grove Road
Colerain, NC 27924