

Ocoee Foundation Scholarship Application Ocoee Hillview Health Center, LLC. (Carter County) 2026

The Ocoee Foundation Scholarship fund was established to recognize senior students graduating high school *who are pursuing a degree in a healthcare-related field*. Scholarships are awarded on the basis of academic eligibility, financial need and community service. The award amount for this scholarship is \$25,000.00 for a 4 year academic term (\$6,250 per year/\$3,125 per semester). All scholarships are renewable for a total of four years based on satisfactory progress towards a degree.

CRITERIA/HOW TO APPLY

1. Applicant must be graduating from a high school in Carter County and must have at least a **2.7 cumulative grade point average**.
2. **Complete the FAFSA (Free Application for Federal Student Aid)**. This application is available online at www.fafsa.gov. If you are not able to complete the FAFSA due to a lack of a social security number attach a written notice of DACA (Deferred Action for Childhood Arrivals) from the US Citizenship and Immigration Service. On the FAFSA, **Tennessee** residents should list at least one Tennessee college or university in order to be considered for state aid. (i.e. TN Student Assistance Award and/or TN Education Lottery Scholarship Program). If awarded this scholarship, you are not required to attend a Tennessee college or University.
3. Complete and submit the application along with **ALL** required supplemental materials. A late and/or incomplete application packet will **not** be considered.
4. Contact the colleges/universities to which you are applying to see if they require you to complete additional financial aid forms.

The Facility reserves the right to review transcripts of each recipient's grades periodically and to determine the renewal of any scholarship based on such information.

* Indicates required question

1. Student Name *
- First and last name

2. Student's email *

3. Street Address *

4. City, State, Zip *

5. Phone Number *

Legal Information

Please review all questions

6. Date of Birth *

Example: January 7, 2019

7. Gender *

Mark only one.

☐ Male

☐ Female

8. Social Security Number *

9. U.S. Citizen *

Mark only one.

☐ Yes

☐ No

☐ Other:

Family Information

Please review all questions

10. Parent/Guardian's Name *

11. Relationship with applicant *

12. Phone number *

13. Siblings Names *

14. Siblings Ages *

15. Siblings Grade/School *

Secondary Contact Information

Please list a secondary contact other than your parent/guardian and other than the phone number listed above

16. Secondary Contact Name *

17. Secondary Contact Phone Number *

18. Relationship to applicant *

Education

Please review all questions

19. High School currently attending *

20. Graduation Date *

21. Current cumulative GPA *

22. College Plans_ List name(s) of regionally, accredited, non-proprietary, technical. community or four year *
colleges and universities to which yo have applied or been accepted. **Include the healthcare degree
you are pursuing!**

Short Answer Questions and Additional Information

Please answer all questions and attach necessary documents.

23. **ADDITIONAL CONSIDERATIONS**

*

Are there any extenuating circumstances that the Selection Committee should be aware of when reviewing your application such as an illness or loss of job, which affects your family's financial situation? If so, please describe below.

24. Attach a typed essay up to two pages long, which includes: (1) **a brief biographical sketch**, (2) **a description of an experience in your life that has deeply influenced you**, and (3) **a description of your goals for the future and how you plan to achieve those goals**. Student's full name must be on each page of the essay. *Please include and explain why the healthcare field is important to you personally.*

*

Files submitted:

25. List and tell us about community service activities have participated in or led. *

26. **LETTER OF RECOMMENDATION**

*

Attach **one** letter of recommendation below from a teacher, counselor, or principal who knows your academic ability, work ethic, and/or character well. Letter must be typed and on the school's letterhead.

Files submitted:

27. **ACADEMIC PERFORMANCE**

*

Attach an official high school transcript, which shows your cumulative grade point average (GPA) to date, your current class rank (if applicable), and your ACT and/or SAT test scores.

Files submitted:

28. **FASA**

Upload your documentation that you have applied for FASA **Complete the FAFSA (Free Application for Federal Student Aid)**. This application is available online at www.fafsa.gov. If you are not able to complete the FAFSA due to a lack of a social security number attach a written notice of DACA (Deferred Action for Childhood Arrivals) from the US Citizenship and Immigration Service.

On the FAFSA, **Tennessee** residents should list at least one Tennessee college or university in order to be considered for state aid (i.e. TN Student Assistance Award and/or TN Education Lottery Scholarship Program). If awarded this scholarship, you are not required to attend a Tennessee college or university.

Files submitted:

29. **STUDENT AND PARENT AFFIRMATION Both student and parent or guardian must read the following statement and affirm** *

We affirm that the information provided on this application is accurate to the best of our knowledge. We understand that misrepresentations may constitute fraud, which may result in the loss of eligibility for this scholarship or have other legal consequences.

Check all that apply.

- ☐ Yes, I affirm (student)
- ☐ Yes, I affirm (parent/guardian)

30. Please check to confirm that your application packet is complete *

Check all that apply.

- ☐ Application is completely filled out
- ☐ Letter of recommendation is attached
- ☐ Short answer questions are completed
- ☐ Official high school transcript is attached
- ☐ Essay is attached
- ☐ List of community services activities is completed
- ☐ FASA/SAR is attached

Application must be received by March 2, 2026. A late or incomplete application packet will not be considered.

Please direct questions and inquiries via email to: hvadmi@twinrivershc.com

Thank you!

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