

## **JESSE DAVID BUNDY AND KATIE B. BUNDY SCHOLARSHIP APPLICATION**

The Jesse David Bundy and Katie B. Bundy Scholarship Trust (the "Trust") was created May 30, 1997 by Dr. William L. Bundy in honor of his parents. The purpose of the Trust is to provide financial assistance to students enrolled in educational programs leading to medical careers in technical and supporting fields.

### **THE BUNDY FAMILY**

Dr. William L. Bundy practiced medicine in Wilkes County from 1940 to 1988. He specialized in internal medicine, cancer detection and mental health. His involvement with his community and with health care givers in the community continues. His father, Jesse David Bundy, was a journalist, teacher and minister for 45 years. His mother, Katie B. Bundy, was a dear, caring person, who was a housewife and raised three children. Dr. Bundy in establishing the Trust wanted to honor their memory. He also wanted to help fill a need for health care services in his community by encouraging students from Wilkes County to pursue careers in the technical medical fields.

### **HISTORY OF THE SCHOLARSHIP**

Beginning in the 1998-99 academic year, the Scholarship Committee (the "Committee") of the Trust will award scholarships to students who are residents of Wilkes County, North Carolina, and who intend to pursue careers in a medical field. The scholarships will be in amounts as determined by the Scholarship Committee and will be paid for tuition, books, laboratory fees, and supplies directly to the educational institution prior to the semester (quarter) in which the student will attend the school. The scholarship will be awarded for one year (or for a shorter course of study if applicable) and will be automatically renewable for one additional year of study, provided that the student continues to pursue a career in a medical field (but the particular course of study may change) and to maintain a grade point average of 2.5 (out of 4.0)

The Scholarship Committee was created by the Trust as part of the establishment of the fund for the Scholarships. The original members, Dr. Joseph H. Johnson, Carl Gwyn Yale, Tommy Thomas, Ruth Graham, Dr. John Bond, Steve Snipes, and Dr. Bundy were designated by Dr. Bundy in the Trust. The Trust is linked to Wilkes County School System through membership of the School Superintendent, or a representative appointed by the Superintendent, on the Scholarship Committee. Dr. Johnson was the School Superintendent in 1997. The Committee will have 3 to 10 members and future members will be elected by the Committee or designated by the Superintendent.

### **MANAGEMENT OF THE TRUST AND DISTRIBUTION OF FUNDS**

The Trustee of the Trust is Bank of America, N.A., and a Bank of America representative serves as the Secretary of the Committee. The Trustee will disburse the funds to educational institutions for the benefit of particular students selected by the Committee. The Committee will provide all scholarship recipients with the information that each will need to provide to Bank of America.

## **CRITERIA**

Criteria for the selection of the scholarship recipients will include the following:

- Personality and character traits that in the Scholarship Committee member's opinion would enable the student to be successful in a chosen medical field;
- Dedication to a career in the chosen medical field;
- Sufficient academic ability to perform well in a chosen medical field; and
- Current residence in Wilkes County and an interest in returning to Wilkes County (or the area) to live and work.

All applicants who indicate a desire to pursue a career in a medical field are eligible for scholarship grants, but priority will be given to students who desire to study in one and two year programs for careers in technical and supporting medical fields. Favorable consideration will be given to applicants planning for the following careers:

***Nurse Assistant      Physical Therapist or Assistant      Laboratory Technologist  
Radiologic Technologist      Respiratory Therapist      Physician's Assistant  
Nurse Practitioner      Operating Room Technologist      Medical Assistant  
Dental Hygienist***

**The applicant must have been accepted into a program that leads directly to a medical career before the scholarship will be awarded.**

The Scholarship Committee will consider some or all of the following factors in awarding scholarships: personality and character traits (such as determination, honesty, ability to get along with people); the student's dedication to the selected career; academic ability; and the likelihood of the student returning to Wilkes County to practice. The Scholarship Committee may, but shall not be required to, consider a student's financial need.

## ***APPLICATION PROCEDURE***

Application packets are available from school guidance counselors or the Committee. The application should be completed and returned to the Committee along with the information requested by April 1<sup>st</sup>. The Committee will meet during the months of April/May and will notify scholarship applicants shortly after if each was or was not selected to receive a scholarship.

**The Committee's address is: The Jesse David Bundy and Katie B. Bundy Scholarship Trust Committee, c/o Robert Pattie, U.S. Trust, 100 Westminster Street, RI1-536-05-03, Providence, RI 02903. Documentation may also be sent via email to me at [robert.t.pattie\\_jr@bofa.com](mailto:robert.t.pattie_jr@bofa.com).**

**SCHOLARSHIP APPLICATION**  
**THE JESSE DAVID BUNDY AND KATIE B. BUNDY**  
**SCHOLARSHIP TRUST**

**PERSONAL INFORMATION:**

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

Residence address: \_\_\_\_\_  
\_\_\_\_\_

County of Residence: \_\_\_\_\_

Telephone: \_\_\_\_\_

Student ID# \_\_\_\_\_

Married? \_\_\_\_\_ Yes \_\_\_\_\_ No

Children? \_\_\_\_\_ Yes \_\_\_\_\_ No

**FAMILY INFORMATION** - - If parents are deceased or not providing support, please provide information for guardian. If no parent or guardian support, omit this section]

**Parents**

*Mother's name:* \_\_\_\_\_

*Address if different from applicant:* \_\_\_\_\_

*Name/Address Employer:* \_\_\_\_\_  
\_\_\_\_\_

*Job Title:* \_\_\_\_\_

*Father's name:* \_\_\_\_\_

*Address if different from applicant:* \_\_\_\_\_

*Name/Address Employer:* \_\_\_\_\_  
\_\_\_\_\_

*Job Title:* \_\_\_\_\_

**EDUCATIONAL HISTORY**

**High School**

Name of High School: \_\_\_\_\_ City: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ GPA \_\_\_\_\_ Class Rank \_\_\_\_\_ Honors \_\_\_\_\_

SAT Scores: Math \_\_\_\_\_ Verbal \_\_\_\_\_ Honors/Activity: \_\_\_\_\_  
\_\_\_\_\_

**Education Beyond High School**

Name of Institution: \_\_\_\_\_ City: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Graduation/Completion Date: \_\_\_\_\_

GPA \_\_\_\_\_ Class Rank \_\_\_\_\_ Honors/Activities: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime, suspended from high school or required to withdraw (or not re-enroll) in any school? \_\_\_\_\_ yes \_\_\_\_\_ no. If yes, explain the circumstances on an attached sheet of paper.

**WORK HISTORY** - - [Begin with most recent. Include volunteer experience.]

<i>Employer</i>	<i>Dates of Employment</i>	<i>Job Description</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Work Plans During School**

***Will you work?***

During the school year? \_\_\_\_\_ yes \_\_\_\_\_ no If yes, where: \_\_\_\_\_

During summer break? \_\_\_\_\_ yes \_\_\_\_\_ no If yes, where: \_\_\_\_\_

**EDUCATIONAL PLANS**

The scholarship is established for students who desire to study for careers in medical fields. In What medical field are you interested in? \_\_\_\_\_

How long is the normal course of study for that field? \_\_\_\_\_

On a separate sheet, please describe why you have chosen the medical field listed above and why you think you will find satisfaction in that field.

At what educational institution have you been accepted into a medical program?

What is annual tuition? \_\_\_\_\_ Will you receive financial assistance: \_\_\_\_ yes \_\_\_\_ no  
If so, how much? \_\_\_\_\_

When will academic semester (or quarter) begin? \_\_\_\_\_

Planned graduation date: \_\_\_\_\_

***I certify that the information provided on this application and attached hereto is complete and accurate. I commit to advise The Committee of any changes between now and when I enroll in school. I also certify that if I am awarded The Jesse David Bundy and Katie B. Bundy Scholarship, I will pursue studies leading to a career in a medical field and that I will maintain a grade point average of 2.5 or higher in my studies. I understand that the scholarship is renewable for additional semesters (quarters) only if I continue to meet the requirements for the scholarship.***

## **INFORMATION TO ATTACH**

- 1) An official copy of your High School transcript and an academic record for any further education beyond high school.
- 2) Copy of Student Aid Report if you are applying for federal student aid.
- 3) List of other scholarship awards received or applied for and pending.
- 4) Any additional information that you think will help the Committee in making its decision about your application.

## **LETTERS OF RECOMMENDATION**

For new applicants only, please deliver one of the attached recommendation forms to a teacher who has taught you in the last four years and one to another person who knows you well. Each should be delivered with an envelope preaddressed to the Scholarship Committee in time for the person to complete the form by the submission deadline on April 1<sup>st</sup>.

