

CAA Robby Whiteley Health Profession

Scholarship Application

Background:

The Choctaw Alumni Association (CAA) - in partnership with CHS Class of 1970 Alumnus, Dr. Robby Whiteley - has established the Robby Whiteley Health Profession Scholarship to encourage and motivate Choctaw High School seniors to pursue a career in the health profession to serve others.

Scholarship Amount: \$2,500 each

Scholarship Type: Annual (starting in Spring 2025)

Scholarship Eligibility Criteria:

- A graduating CHS Senior with plans to further their educational/career pursuits in the health profession at an accredited college, university, and/or vocational-technical school.
- An individual exhibiting:
 - a GPA of 3.75 or better - reflective of a sincere commitment to learning
 - shadow a health professional in desired field (documented minimum of 8 hours)
 - demonstrate via work experience, volunteering or written reference and a compassion to help others
 - write an essay on why you desire a career in the health profession
 - an attitude of respect for student peers, C-NP school administrators, faculty, and staff
 - the ability to work with others in the achievement of common goals
 - conduct that illustrates dependability, honesty, integrity, and concern for others
 - involvement/participation in activities outside the formal classroom environment (school-related extra-curricular; church; community; etc.)
 - overall characteristics that continue to honor the legacy of CHS Alumni and the mission of the CAA

Scholarship Application Process Criteria:

- **Scholarship applicants** will be required to:
 - attend a C-NP School District Board meeting (optional)
 - complete the scholarship application form supplied by the C-NP School District
 - provide written recommendations (one or more) from C-NP faculty members
 - include typewritten report (two page minimum) on why they are pursuing a career in the health profession and your plans for scholarship use as part of the scholarship application package
 - submit the completed scholarship application package to the designated C-NP School District office no later than the deadline outlined in the application process.

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Scholarship Selection/Award Process:

- **CHS administration/faculty representative(s)** - as designated by the C-NP School District Superintendent - shall:
 - advertise/communicate availability of the scholarship
 - accept applications in accordance with C-NP School District policies and CAA scholarship criteria
 - notify designated CAA scholarship chair of scholarship applications that have been turned in by the deadline
- **The CAA scholarship committee shall:**
 - review applications, ensure compliance with scholarship criteria, and/or interview applicants as deemed appropriate
 - determine the applicant to whom the scholarship(s) will be awarded
 - financial and/or any subjective "need based" criteria shall **not** factor into award consideration
 - notify the scholarship recipient of award and communicate information to the student about information needed to send funds from CAA to the appropriate school

Scholarship Presentation:

- **The CAA** will work with the designated CHS administration/faculty representative(s) and/or C-NP School District leadership to arrange for formal presentation of the scholarship.
 - Scholarship presentation at a C-NP School District Board meeting is the preferable option.

Scholarship Payment:

- **The CAA** will make scholarship payment by check - made payable and mailed directly to the registrar/bursar at the accredited institution where the scholarship recipient is enrolled.
- **The scholarship recipient will:**
 - obtain the applicable payee information and mailing address of the registrar/bursar office to whom the scholarship payment shall be made
 - provide this payee information to the CAA via the Scholarship Chairperson
 - allow a minimum of four (4) weeks lead time for the CAA to make scholarship payment arrangements.

CAA Robby Whiteley Health Profession Scholarship Application Form

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APPLICANT DATA:

Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

SCHOOL DATA:

Name of High School Attended: *Choctaw High School*

Graduation Year: _____

Name of Institution Student Will Be Attending: _____

College/Career Major: _____

Research Paper: Refer to the *Scholarship Application Process Criteria* above.

APPLICATIONS ARE DUE TO THE COUNSELING OFFICE BY 2:00 PM March 12, 2026.

SELECTION OF RECIPIENTS: The scholarship committee has sole responsibility for selecting recipients based upon scholarship eligibility/selection criteria, report content, and GPA. Submission of this application confirms your agreement that decisions made by the scholarship committee are final.

Signature

Date