



HEALTH CARE SCHOLARSHIP APPLICATION
For HIGH SCHOOL SENIORS
2023 ACADEMIC YEAR

Please Print

Today's Date: _____

Full Name: _____

Address: _____

Email: _____ Phone Number: _____

County of Residence: _____ High School: _____

Parents' / Guardians' Names / Address(es): _____ _____ _____
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College or Training that you will attend: _____

Community Service / Volunteer Activities / Extra-Curricular Activities within the past 2 years:

List 3 references other than family (e.g., Teacher, Coach, Volunteer Worker):

Name	Title	Address	Phone Number

In addition to this cover page, application must include:

- Two recommendation letters, submitted directly to the Auxiliary by the writers:
 1. From a teacher and
 2. From an individual who knows you outside of school (e.g. volunteer work, scouting, church).
- A one-page typed essay on your Health Care Career interests, with a focus on why this profession is important to you.
- School transcripts.

All of the above must be postmarked or submitted electronically by June 1, 2023, for an application to be considered.

Send your completed application via LINK@schuylerhospital.org or mail to:
 Alice Learn, Auxiliary Scholarship Committee, 4951 Stewart Road, Horseheads, NY 14845

For further information, email info@schuylerhospital.org
 or call Scholarship Chairperson, Alice Learn at (607) 594-3401