



HEALTH CARE SCHOLARSHIP APPLICATION
For SCHUYLER HOSPITAL EMPLOYEES
2023

Please Print

Today's Date: _____

Full Name: _____

Address: _____

Email: _____ Phone Number: _____

County of Residence: _____

Highest education level completed: _____

Current position at Schuyler Hospital: _____

Length of time employed at Schuyler Hospital: _____

College or Training that you will attend: _____

Community Service / Volunteer Activities / Extra-Curricular Activities within the past 5 years:

List 3 references other than family:

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 supervisor or another member of the hospital staff, and
 2. From an individual who knows you outside of school (e.g. volunteer work, church).
- A one-page typed essay on your Health Care Career interests, with a focus on why this profession is important to you.

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