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**York Hospital Auxiliary
SCHOLARSHIP PROGRAM
APPLICATION**

YORK HOSPITAL AUXILIARY SCHOLARSHIP PROGRAM GUIDELINES

General Information

The York Hospital Auxiliary will award a maximum of two \$3000.00 scholarships to graduating seniors who reside within the Hospital's service area. A selection committee composed of hospital employees and members of the Auxiliary will review all applications. Ten finalists will be selected and interviewed in the Ellis Conference Room at York Hospital on May 16, 2006. Interviewees will be notified by phone for his/her exact date and time for the interview.

Eligibility

Scholarship applicants must be high school seniors who plan to enter the medical field and who will graduate from a York Hospital service area high school. All sections of the application must be complete to be considered. The personal interview is a requirement and no exceptions will be made. Applications must be postmarked by April 15 to qualify. A letter of recommendation from the high school guidance counselor/director and from a current or recent employer should accompany your application. In lieu of employer, you may submit a letter from a supervisor in an organization where you have been a volunteer.

Please attach an essay describing why you have chosen a career in the medical field and why you feel you should be chosen to receive this scholarship.

Selection of Winner(s)

An impartial Selection Committee will evaluate the applicants' high school records, standardized test scores, extracurricular activities, including community involvement and work experience, to determine finalists to be interviewed. Winners are selected largely on the basis of financial need, academic merit and health care objectives.

Scholarship winner(s) are notified at time of graduation. Applicants who do not receive an invitation to interview will not be further considered. No additional notification will be sent.

Responsibilities of Recipients

Scholarship recipients must enroll as full-time students in the fall of 2005 and continue in school for the entire academic year in a health care curriculum. Scholarship recipients are responsible for making certain that the first semester transcript is sent to the York Hospital Auxiliary Scholarship Chairperson, c/o York Hospital, 15 Hospital Drive, York, ME 03909.

Payment of Scholarship Funds

Checks are made payable to the college and are mailed directly to the college after receipt of the first semester transcript.

PLEASE KEEP THIS PAGE FOR YOUR RECORDS!



Auxiliary Scholarship Program

Mail by April 15 to:
York Hospital
Auxiliary Scholarship Program
15 Hospital Drive
York, Maine 03909

Name _____
First MI Last

Permanent Mailing Address: _____

City _____ State _____ Zip _____

Phone (_____) _____ E-mail _____

I have been accepted at _____
College, University or Vocational/Technical School

With a major in _____ and a minor in _____

What are your career objectives? _____

What general course of study are you planning to take?

Where will you live while attending college?
Rent At home Dormitory With friends/relatives Other (specify)

What additional scholarships have you applied for?

Have you applied for student financial aid? Yes No
If not, what is your reason? _____

Please describe any part- or full-time jobs you have held during the past three years:

Number of members in applicant's family (please give names and ages of brothers and sisters living at home): _____

Occupation of Father: _____
 Occupation of Mother: _____

<input type="checkbox"/> Public High School		<input type="checkbox"/> Private High School		<input type="checkbox"/> Special or Magnet High School		
Year	G.P.A.	Rank	#1 Class	ACT (Comp)	SAT-verbal	SAT-math

Do you feel that your high school grades were an accurate index of your ability? Yes No
 If not, what were the factors that prevented you from doing better?

What special recognition have you received for outstanding schoolwork such as honors, prizes or scholarships?

Describe how you were involved in *high school activities* such as class or school offices, band or orchestra, athletics, dramatics, debate or oratory, school publications, pep club, etc. Designate by number in right hand column the high school year in which you participated in each activity as follows:

1 - Freshman	2 - Sophomore	3 - Junior	4 - Senior
Activity	Position Held	Hours spent per week	Year(s) of participation

Describe how you were involved in *organized out-of-school activities* such as rank attained as Boy or Girl Scout, 4-H club work, church organization, etc. Designate by number in right hand column the high school year in which you participated in each activity as follows:

1 - Freshman	2 - Sophomore	3 - Junior	4 - Senior
Activity	Position Held	Hours spent per week	Year(s) of participation

