

GENERAL INFORMATION

Friends of York Hospital will award three (3), \$5,000 scholarships to 2026 graduating seniors who reside in one of York Hospital's service areas. Service areas include *southern York County, Maine towns of Kittery, Eliot, the Berwicks, Sanford, Lebanon, Kennebunk, Wells, Moody, Ogunquit and York*. A selection committee comprised of hospital employees, physicians and members of the Friends of York Hospital volunteer organization will review applications.

ELIGIBILITY/INSTRUCTIONS

- Applicants must be high school seniors who plan to enter the medical/healthcare field and who live in one of York Hospital's service areas (*southern York County, Maine towns of Kittery, Eliot, the Berwicks, Sanford, Lebanon, Kennebunk, Wells, Moody, Ogunquit and York*).
- To be considered, **ALL SECTIONS** of the application must be complete and submitted with the following items:
 1. An essay describing why the applicant has chosen a career in the medical field and why the applicant should be chosen to receive this scholarship.
 2. Letters of Recommendation from the high school guidance counselor/director and from a current or recent employer. In lieu of an employer, an applicant may submit a letter from a supervisor in an organization where the applicant is/was a volunteer.
 3. Official high school transcript.
 4. Completed applications, along with required attachments, must be postmarked by Tuesday, March 31, 2026 to qualify. Please be sure to put adequate postage on your packet to ensure proper and timely delivery. Mail application packet to:

York Hospital
Friends of York Hospital Scholarship
Volunteer & Student Services
Attn. Mary Marshall
15 Hospital Drive
York, Maine 03909 Email: mary.marshall@yorkhospital.com

REVIEW PROCESS

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

WINNERS ANNOUNCED: The committee will determine scholarship winners and each will be notified at time of graduation with a letter of congratulations from the Committee.

RESPONSIBILITIES OF RECIPIENTS

Scholarship recipients must enroll as full-time students in the upcoming fall and continue in school for the entire academic year in a health care curriculum. Scholarship awards may affect financial aid eligibility. Applicants should talk to school guidance counselor for details.

PAYMENT OF SCHOLARSHIP FUNDS: We ask at the conclusion of the first semester of college, scholarship recipients should send an enrollment verification letter from the college/university to **Attn. Mary Marshall, Friends of York Hospital, Volunteer and Student Services, York Hospital, 15 Hospital Drive, York, ME 03909** or email to mary.marshall@yorkhospital.com. A check will then be made payable to the school and mailed there directly.

Mail by TUESDAY, MARCH 31, 2026

with required attachments to:

York Hospital

Friends of York Hospital Scholarship

Volunteer & Student Services

Attn. Mary Marshall

15 Hospital Drive

York, Maine 03909

Email: mary.marshall@yorkhospital.com

Name _____
First MI Last

Permanent Mailing Address: _____

City _____ State _____ Zip _____

Phone (____) _____ Email _____

Name of High School _____

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 (please 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've held during the past 3 years: _____

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

1. Occupation of Parent or Guardian: _____

2. Occupation of Parent or Guardian: _____

YEAR	G.P.A.	RANK	# IN CLASS	ACT	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

Include Activities, Positions Held, Hours Spent Per Week and Years 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

Include Activities, Positions Held, Hours Spent Per Week and Years of Participation.

Describe any *community service activities* in which you are involved.

I CERTIFY THAT ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND I GIVE MY CONSENT TO RELEASE THE INFORMATION ON THIS APPLICATION FOR REVIEW OF THE FRIENDS OF YORK HOSPITAL SCHOLARSHIP COMMITTEE.

Student's Signature _____ Date _____

Parent's Signature (if applicant is under 18) _____ Date _____

I CERTIFY THAT ALL THE INFORMATION ON THE FORM IS CORRECT, AND THAT A COPY OF THE APPLICANT'S HIGH SCHOOL RECORD IS ATTACHED.

Counselor's Signature Date (_____) Office Phone Number

Please note: Submission of the application and academic credentials does not constitute an entitlement or a legally enforceable right to a scholarship. By submitting this application, the applicant agrees to accept the decision of the impartial committee. Such decision does not grant a right of appeal. Scholarship applicants must submit the application and required documents, postmarked, by the published deadline. The Friends of York Hospital Scholarship Program takes no responsibility and grants no exceptions for errors in delivery or non-delivery by the postal service. In addition, the Committee reserves the right to determine that no scholarship will be awarded in any particular year.

PLEASE NOTE: INCOMPLETE APPLICATIONS OR APPLICATIONS RECEIVED AFTER THE PUBLISHED POST MARK DEADLINE WILL BE INELIGIBLE FOR CONSIDERATION AND WILL NOT BE PROCESSED. PLEASE BE SURE TO PUT ADEQUATE POSTAGE ON YOUR PACKET TO ENSURE PROPER AND TIMELY DELIVERY.

PLEASE MAKE A COPY OF THIS DOCUMENT FOR YOUR RECORDS. REFER TO THE FRONT PAGE FOR INSTRUCTIONS AND ANNOUNCEMENT PROCESS.