



Friends of York Hospital Scholarship Program

GENERAL INFORMATION

Friends of York Hospital will award two \$3,000 scholarships, and several smaller scholarships when additional funds are available, to graduating seniors who reside within the Hospital's service area [*the southern York County, Maine towns of Kittery, Eliot, the Berwicks, Sanford, Lebanon, Kennebunk, Wells, Moody, Ogunquit, York*] for their freshman year of college. A selection committee comprised of hospital employees, physicians and members of the Friends of York Hospital will review all applications.

ELIGIBILITY/INSTRUCTIONS

- Applicants must be high school seniors who plan to enter the **medical/healthcare field** and who will graduate from a York Hospital service area high school.
- **Application:** All sections of this application must be complete to be considered.
- **Attachments:** 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 must be included.
- **Letters of Recommendation** from the high school guidance counselor/director and from a current or recent employer and official transcripts from your high school are necessary for consideration of your application. In lieu of employer, you may submit a letter from a supervisor in an organization where you have been a volunteer.
- **Mail application, along with required attachments, to: *Friends of York Hospital Scholarship, c/o Kate Ford, 15 Hospital Drive, York, Maine 03909.* TEL: (207)351-2224**
- **Applications must be postmarked by March 15, 2021 to qualify.**

INTERVIEW PROCESS

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. Finalists are selected largely on the basis of financial need, academic merit and health care objectives. Each will be contacted for a personal interview that will take place on the York Hospital campus (unless COVID-19 social distancing measures are still in place – then interviews will likely not occur or occur via ZOOM). Each interviewee will be notified by phone for his/her exact time for the interview. Applicants who do not receive an invitation to interview will not be further considered.

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. Recipients must achieve a 3.0 GPA or higher at the conclusion of their first semester. **Transcripts must be sent to Kate Ford, c/o York Hospital, 15 Hospital Drive, York, ME 03909.** Scholarship awards may affect financial aid eligibility. Talk to your guidance counselor for details.

PAYMENT OF SCHOLARSHIP FUNDS: Upon receiving satisfactory transcripts, a check will be made payable to the college/university and will be mailed directly to the college or university.



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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):

Occupation of Father: _____

Occupation of Mother: _____

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?



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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
<i>Activity</i>	<i>Position Held</i>	<i>Hours Spent Per Week</i>	<i>Year(s) of Participation</i>

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
<i>Activity</i>	<i>Position Held</i>	<i>Hours Spent Per Week</i>	<i>Year(s) of Participation</i>

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.

NOTE: INCOMPLETE APPLICATIONS OR APPLICATIONS RECEIVED AFTER THE PUBLISHED POST MARK DEADLINE WILL BE INELIGIBLE FOR CONSIDERATION AND WILL NOT BE PROCESSED.

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