

GENERAL INFORMATION

Friends of York Hospital will award three (3), \$5,000 scholarships to 2024 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 <u>plan to enter the medical/healthcare field</u> 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, Oqunquit 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 <u>and</u> 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, <u>must be postmarked by Friday, March 29, 2024</u> to qualify and mailed to:

York Hospital Friends of York Hospital Scholarship Volunteer & Student Experiences Attn. Judith McAllister 15 Hospital Drive

York, Maine 03909 Email: volunteer@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. Marie Aimo, Friends of York Hospital, Volunteer and Student Experiences, York Hospital, 15 Hospital Drive, York, ME 03909 or to volunteer@yorkhospital.com. A check will then be made payable to the school and mailed there directly.



Mail by FRIDAY, MARCH 29, 2024

with required attachments to:

York Hospital Friends of York Hospital Scholarship Volunteer & Student Experiences Attn. Judith McAllister 15 Hospital Drive

York, Maine 03909 Email: volunteer@yorkhospital.com

Name First	MI	Last			
Permanent Mailing Addre	ss:				
City	State	Zip			
Phone ()	Email				
Name of High School					
	College, University or Vocational/	Technical School			
With a major in	ith a major in and a minor in				
What are your career objectives?					
Where will you live while	attending college?	□ 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 o	lescribe any	/ part- or fu	II-time jobs	s you've hel	d during t	he past 3 yea	rs:	
Number of members in applicant's family (please give names and ages of brothers and sisters living at home):								
		er: her:						
	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? No If not, what were the factors that prevented you from doing better?								
		nition have				hoolwork suc	th as honors	s, prizes



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 Include Activities, Posit	2 - Sophomore tions Held, Hours Spent		unior f Participation.	4 - Senior	
•	, 4-H club work,	church organiza	tion, etc. D	esignate by num	rank attained as nber in right hand ows:
1-Freshman 2 - S Include Activities, Posit	•	3 - Junior Per Week and Years of	4 — Participation.	Senior	
Describe any <i>cor</i>	mmunity service (activities in whic	ch you are in	volved.	





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 i	s under 18)	Date
I CERTIFY THAT ALL THE INFOR	RMATION ON THE F	FORM IS CORRECT, AND THAT A COPY OF
THE APPLICANT'S HIGH SCHOOL		,
		()
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.