

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 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 Friday, March 29, 2024 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.

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? _____

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.
