

## THE HARRINGTON HOSPITAL AUXILIARY 2019 SCHOLARSHIP APPLICATION

**Four (one year) scholarships** will be awarded by The Harrington Hospital Auxiliary in **June of 2019**. **Each scholarship will be in the amount of \$3,000**. Applicants must be planning to pursue a career in Health Care and must be accepted into an accredited Health Care Program.

To be eligible, applicants must reside in one of the communities served by Harrington Hospital (Brimfield, Brookfield, Charlton, Douglas, Dudley, East Brookfield, Holland, North Brookfield, Oxford, Palmer, Southbridge, Spencer, Sturbridge, Wales, Warren, Webster, West Brookfield, MA; Quinebaug, CT, Thompson CT, and Woodstock CT).

An Applicant must be identified as one of the following:

1. A student who is graduating from an area high school in 2019.
2. An individual who has already graduated from an area high school and who has not been a previous recipient of a Harrington Hospital Auxiliary Scholarship.
3. An individual who has received a high school graduate equivalency diploma (G.E.D.).
4. An individual who has been home educated and who has met all high school graduation criteria as set forth by their local School Board.

Any person who is an employee or a relative of an employee of Harrington Hospital and affiliations who meets the above criteria is eligible to apply.

**COMPLETED APPLICATION PACKETS MUST INCLUDE: (CHECKLIST)**

\_\_\_\_\_ A current **TRANSCRIPT** of your high school or college record, including grades, grade point average, and rank in class (when applicable).

\_\_\_\_\_ **PSAT, SAT I or II, ACT** scores, or other pertinent standardized test scores.

\_\_\_\_\_ A personal (student written) **ESSAY** (on a separate sheet) describing why you wish to further your education in the field of Health Care.

\_\_\_\_\_ **TWO letters of reference**. We request one letter from a faculty member, guidance counselor, or other school personnel. The second letter should be written by an individual who knows you from the workplace, church, organization, or volunteer organization.

**All scholarship applications must be received or postmarked by APRIL 1, 2019 or hand delivered to Harrington Hospital Volunteer Service Department no later than April 6, 2019 to be considered by The Harrington Hospital Auxiliary Scholarship Committee.**

**MAIL/DELIVER COMPLETED APPLICATION PACKETS TO:**

Harrington Hospital Auxiliary Scholarship Chairperson  
C/O Harrington Hospital  
Volunteer Office, ATTN: Kelly  
100 South Street  
Southbridge, MA 01550

# THE HARRINGTON HOSPITAL AUXILIARY 2019 SCHOLARSHIP APPLICATION

Fill out application completely. Type or print, using black ink.

## Applicant Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home Address \_\_\_\_\_ Town \_\_\_\_\_  
Phone \_\_\_\_\_  
High School \_\_\_\_\_ Date of graduation \_\_\_\_\_  
Name of father, guardian, husband (circle one) \_\_\_\_\_  
His occupation \_\_\_\_\_  
Name of mother, guardian, wife (circle one) \_\_\_\_\_  
Her occupation \_\_\_\_\_  
Ages of siblings or children (circle one) \_\_\_\_\_  
Institute(s) of higher learning siblings/children attend \_\_\_\_\_

---

## Career Information and College Applications (list schools/colleges to which you have applied)

What health care career do you intend to pursue \_\_\_\_\_

School/college applications accepted:

1. \_\_\_\_\_ Yes \_\_\_ No \_\_\_ Have not heard \_\_\_
2. \_\_\_\_\_ Yes \_\_\_ No \_\_\_ Have not heard \_\_\_
3. \_\_\_\_\_ Yes \_\_\_ No \_\_\_ Have not heard \_\_\_
4. \_\_\_\_\_ Yes \_\_\_ No \_\_\_ Have not heard \_\_\_

When do you plan to begin your studies (or when did you start)? \_\_\_\_\_

---

## Approximate annual cost of your higher education

Tuition \_\_\_\_\_ Housing \_\_\_\_\_ Fees \_\_\_\_\_

Financial Information (List all grants, financial aid, and other monies you have received to date toward expenses)

\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_

---

## High School /Community /Professional Activities (attach an additional sheet if necessary-sign and date)

Name of Activity From - To Office Held/Award Given (If any)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

## Work Experience

Type of Work Place of Employment Dates Employed Wages

Type of Work	Place of Employment	Dates Employed	Wages
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____