

## **THE GRACE KIRK HARRINGTON HOSPITAL AUXILIARY MEMORIAL SCHOLARSHIP**

In June of 2012, the family of Grace Kirk, a devoted and passionate twenty-three year Harrington Hospital Auxiliary volunteer, established a memorial fund in her name to support the Harrington Hospital Auxiliary Scholarship Program. Grace served as the Co-Chairperson of The Harrington Hospital Auxiliary Scholarship Committee for seventeen years. Throughout all of those years Grace worked tirelessly with her Committee to select and award annual Harrington Hospital Auxiliary scholarships to individuals planning to pursue a career in Healthcare.

In June of 2014, The Harrington Hospital Auxiliary Scholarship Committee was proud to honor the memory of Grace Kirk with the presentation of the first annual \$1,250 scholarship in her name. Through the generosity of the Grace Kirk Memorial Fund contributions and the Kirk family, The Grace Kirk Memorial Scholarship will continue to be offered annually.

The recipient of The Grace Kirk Memorial Harrington Hospital Auxiliary Scholarship must be planning to pursue a career in the field of Healthcare and must be accepted into an accredited Healthcare Program. The Scholarship will be presented at an Awards Ceremony at Harrington Hospital in June of 2018.

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, 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 2018.**
- 2. An individual who has already graduated from an area high school.**
- 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:**

\_\_\_\_\_ 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.

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2018 MEMORIAL SCHOLARSHIP APPLICATION**

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

**Applicant Information**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ Town \_\_\_\_\_

Telephone \_\_\_\_\_

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 \_\_\_\_\_

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**Financial Information**

*(List all grants, scholarships, 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

**All scholarship applications must be received or postmarked by APRIL 2, 2018 or hand delivered to Harrington Hospital Volunteer Service Department no later than April 5, 2018 to be considered by The Harrington Hospital Auxiliary Scholarship Committee.**

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\*\*\*\*\*REMINDER\*\*\*\*\*

ITEMS LISTED BELOW MUST BE INCLUDED IN GRACE KIRK MEMORIAL  
SCHOLARSHIP/HARRINGTON HOSPITAL AUXILIARY APPLICATION PACKET:

- **CURRENT TRANSCRIPT**
- **PSAT, SAT I or II, ACT SCORES**
- **PERSONAL ESSAY**
- **TWO LETTERS OF REFERENCE**

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

Harrington Hospital Auxiliary c/o Harrington Hospital  
**GRACE KIRK MEMORIAL SCHOLARSHIP**  
Volunteer Office, ATTN: Kelly  
100 South Street  
Southbridge, MA 01550