

Auxiliary Health Career Scholarship (WHITE COPY)

Information Sheet

PURPOSE:

To encourage Sussex and Warren County High School students to prepare for health-related careers.

FUNDING:

This year one (1) **\$2,000.00** scholarship will be awarded. Funds are forwarded directly to the recipient's chosen school.

ELIGIBILITY:

- Applicant must be a Sussex or Warren County resident.
- Applicant must be a high school senior.
- Applicant must be interested in a health related career.
- Applicant must have a good high school record.

APPLICATION PROCESS:

Applicant must submit the following:

- Application Form by April 15, 2010
- Transcript of high school grades, grade point average and class rank
- Letters of Recommendation from each of the following:
 - High School teacher
 - Personal reference (not a relative or family member)
- Essay explaining why the candidate should be considered for the scholarship

SELECTION:

- Final selection is made by the Scholarship Committee.
- Successful applicant is notified by telephone or letter.
- Non-selected applicants are notified by letter.
- Recipient is invited to attend the Auxiliary Annual Luncheon Meeting on June 7, 2010 to receive the award.
- Presentation is also made at the high school awards ceremony with consent of school officials.

Additional application forms are available from:

Doreen Eisenecker
Auxiliary Office Secretary
Auxiliary of Newton Memorial Hospital
175 High Street
Newton, NJ 07860
Telephone: (973) 579-8425

Date: _____

APPLICATION FOR AUXILIARY HEALTH CAREER SCHOLARSHIP

(Submit by: April 15, 2010)

A. Applicant:

1. Name: _____
(Last) (First) (Middle)

2. Permanent mailing address:

Street City State Zip Code

3. Telephone: _____
(Area Code)

4. Date of Birth: _____ SS #: _____
* * * * * * * *

B. Family:

1. Father's name: _____
(Last) (First)

2. Mother's name: _____
(Last) (First)
* * * * * * * *

C. Present Education:

1. High School presently attending: _____

2. List any extracurricular activities during high school:

<u>Activity</u>	<u>Dates of Participation</u>	<u>Office Held</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. List volunteer/community activities:

<u>Activity</u>	<u>Dates of Participation</u>
_____	_____
_____	_____
_____	_____
_____	_____

4. List any jobs (including summer employment) you have held in the last 3-4 years:

<u>Job</u>	<u>Employer</u>	<u>Dates of Employment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. Education:

1. Which college or school do you plan to attend?

<u>Name</u>	<u>Location</u>	<u>Have you been accepted?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

E. Please have high school transcript of grades, GPA and class rank attached to your application.

F. Please have recommendations from a teacher and a personal reference (not a relative or family member) included in your application.

G. Write a personal essay explaining why you should be considered for this scholarship. Please include a statement of any special circumstances not covered in the information above which you think should be known on behalf of your application.

H. A personal interview may be required.

Application for Auxiliary Health Career Scholarship

Please read the statement below. If you are in agreement with this policy, sign in the appropriate space.

Policy Governing Scholarship

The monies awarded me will be considered an outright scholarship as long as I remain enrolled in school and complete the prescribed Health Career program. If I do not complete the program, then all tuition monies received from the Scholarship Fund are no longer considered a scholarship and such tuition monies shall be returned to the Auxiliary Treasury. All tuition monies shall be payable directly to the approved institution.

Applicant's signature: _____

Parent's signature: _____

Or Legal Guardian: _____

Date: _____

Thank you for your cooperation.

NOTE: Application must be submitted by April 15, 2010. The successful applicant will be notified by telephone/letter. All others will be notified by letter.

Mail completed application to: Doreen Eisenecker
Auxiliary Office Secretary
Auxiliary of Newton Memorial Hospital
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