January 15, 2020

To: New Haven Area High Schools

From: Anne Andrews Chair
Yale New Haven Hospital Auxiliary Scholarship Committee

Re: Scholarship Opportunities

The Yale New Haven Hospital Auxiliary is offering ten $2,000.00 scholarships to area students planning to pursue a career in a health-related profession. Attached is an application form for you to pass along to students who may qualify. Scholarships are based on academic excellence, financial need, personal statement, community service, including school and community activities and/or employment. Applicants must be residents of one of the following towns: Bethany, Branford, Cheshire, East Haven, Guilford, Hamden, Madison, Milford, New Haven, North Branford, North Haven, Orange, Wallingford, West Haven or Woodbridge. Additional applications may be requested by contacting auxiliary@ynhh.org or calling (203) 688-5717. If you have any questions, please call the Auxiliary Office at the number above.

Thank you for your assistance in helping our area youth to apply for these scholarship opportunities.

• Please do not have students send in double sided format
<table>
<thead>
<tr>
<th><strong>Full Name:</strong></th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Present Address:</strong></td>
<td>Street</td>
<td>Unit/ Apartment</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
</tr>
<tr>
<td><strong>Telephone number:</strong></td>
<td>(_____)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Birth Date:</strong></td>
<td>______________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Number and ages of siblings living at home:</strong></td>
<td>______________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Number of siblings in college, where:</strong></td>
<td>______________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Father/Guardian’s Name:</strong></td>
<td>______________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Father/Guardian’s Place of Employment:</strong></td>
<td>______________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Occupation:</strong></td>
<td>______________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mother/Guardian’s Name:</strong></td>
<td>______________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mother/Guardian’s Place of Employment:</strong></td>
<td>______________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Occupation:</strong></td>
<td>______________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please do not send the information in double sided format
Yale New Haven Hospital Auxiliary
2020 Scholarship for Healthcare-Related Careers
Application

Academic Information

High School:__________________________________________________________________________________________
Name
Address
Year Graduated or Anticipated Graduation Date
College(s) applied to/ accepted. Please include copy of your formal letter of acceptance. If you are awaiting notification of acceptance, please forward information by April 16, 2020.
Anticipated Major:________________________ Full Time _______ Part Time_______
Honors or Scholarship awards applied for:
If applicable did you apply for New Haven Promise yes or no
Counselor’s Name: __________________________________________________________
Counselor’s Telephone Number: _____________ Counselor’s Email Address: _____________
High School Transcript enclosed. Yes _____ No _____

Please do not send the information in double sided format
**Education Information**

What is your desired profession? ____________________________________________________________
____________________________________________________________________________________

What is your intended course of study? ______________________________________________________
____________________________________________________________________________________

Present academic level:______________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

School you expect to attend this fall: ________________________________________________________

Expected college graduation date: ________________________________________________________

If you plan to attend part-time, what else will you be doing?_______________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

What honors have you received (academic or otherwise) and when?________________________
____________________________________________________________________________________

Please do not send the information in double sided format
Yale New Haven Hospital Auxiliary
2020 Scholarship for Healthcare-Related Careers
Application

**Education Information (continued)**

School clubs and organizations:

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

School athletics:

________________________________________

________________________________________

________________________________________

________________________________________

Community activities:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Role</th>
<th>Grade</th>
<th>Dates</th>
<th>Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Grand Total of hours

Please do not send the information in double sided format
Financial Information

Estimated school expenses for which you will be responsible per year:

Tuition: $ ____________________________

Room and Board: $ ____________________________

Other: $ ____________________________

Financial Assistance

Family Contribution: $ ____________________________

Tuition reimbursement: $ ____________________________

Other (list all grants, loans, etc.): ____________________________

Do you have other scholarship applications pending at this time? ___ Yes ___ No

If yes, please list applications and denote amount sought: ____________________________

Employment

Name of employer: ____________________________

Hours worked: ____________________________ Full-time ___ Part-time ___

Responsibilities

Do you have other financial responsibilities? ___ Yes ___ No

If yes, please explain: ____________________________

Please do not send the information in double sided format
Family's adjusted gross income as reported on the 2019 Federal Tax Form 1040: $______*
Applicant’s adjusted gross income as reported on the 2019 Federal Tax Form 1040: $______*

*Information Required

References
List the names and contact information of two people (not relatives) you have chosen to write your letters of recommendation. Include these letters in your packet.

Name: ______________________________________
Address: ______________________________________
City/ State/ Zip: ________________________________
Telephone Number:_________________________ Email: ________________________________

Name: ______________________________________
Address: ______________________________________
City/ State/ Zip: ________________________________
Telephone Number:_________________________ Email: ________________________________
Yale New Haven Hospital Auxiliary
2020 Scholarship for Healthcare-Related Careers
Application

Personal Statement

On a separate sheet of paper, please share with us why you feel you should be considered for this scholarship. This portion of your application will have a strong influence during the Scholarship Committee’s deliberations; therefore, please be as comprehensive and neat in your format as possible.

Applicants will not be considered unless all the instructions have been followed. All information will be kept confidential.

No application will be accepted after March 16, 2020

I certify that the information provided is true and current to the best of my knowledge. I agree to notify the scholarship Committee of any change in my financial circumstance.

Applicant’s signature: ___________________________ Date: ________________

Parent/ Guardian’s Signature: ___________________________ Date: ________________
(Not required if 18 years or older)

Did you remember to include?

☐ Completed application form.
☐ One copy of your school transcript.
☐ Two letters of recommendation.
☐ Your personal statement.
☐ Your college acceptance letters.

Please do not send the information in double sided format