

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](mailto: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



**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 \_\_\_\_\_

Honor 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 \_\_\_\_\_

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**Education Information**

What is your desired profession? \_\_\_\_\_

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What is your intended course of study? \_\_\_\_\_

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Present academic level: \_\_\_\_\_

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School you expect to attend this fall: \_\_\_\_\_

Expected college graduation date: \_\_\_\_\_

If you plan to attend part-time, what else will you be doing? \_\_\_\_\_

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What honors have you received (academic or otherwise) and when? \_\_\_\_\_

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**Yale New Haven Hospital Auxiliary  
2020 Scholarship for Healthcare-Related Careers  
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**Education Information (continued)**

School clubs and organizations: \_\_\_\_\_

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School athletics: \_\_\_\_\_

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Community activities:

| Organization | Role | Grade | Dates | Total Hours |
|--------------|------|-------|-------|-------------|
|              |      |       |       |             |
|              |      |       |       |             |
|              |      |       |       |             |
|              |      |       |       |             |
|              |      |       |       |             |
|              |      |       |       |             |
|              |      |       |       |             |

Grand Total of hours

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**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: \_\_\_\_\_

\_\_\_\_\_

**Yale New Haven Hospital Auxiliary  
2020 Scholarship for Healthcare-Related Careers  
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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: \_\_\_\_\_

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**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)

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|---|
| <p><b>Did you remember to include?</b></p> <p><input type="checkbox"/> Completed application form.</p> <p><input type="checkbox"/> One copy of your school transcript.</p> <p><input type="checkbox"/> Two letters of recommendation.</p> <p><input type="checkbox"/> Your personal statement.</p> <p><input type="checkbox"/> Your college acceptance letters.</p> |
|---|

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