January 15, 2021

To: New Haven Area High Schools
From: Anne Kao 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 healthcare-related profession. Attached is an application form for you to share with your students who may qualify. The application deadline is Monday March 19, 2021.

The Committee understands the impact the pandemic has had on student activities this past year. We will take into consideration the limited opportunities during the COVID-19 quarantine period.

Scholarships are awarded 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.

If you have any questions, please call the Auxiliary Office at 203-688-5717.

*Please do not have students send in double-sided format.
Yale New Haven Hospital Auxiliary
2021 Scholarship for Healthcare-Related Careers
Application

1. Personal Information

Full Name: ____________________________________________________________

                                      Last             First             Middle

Present Address: _________________________________________________________

                                                                                          Street
                                                                                          Unit/ Apartment
                                                                                          City             State             Zip Code

Telephone number: (______) ________________________________________________

Date of Birth:________________________________________________________________

2. Current Academic Information

High School:___________________________________________________________________

                                      Name

                                                                                          Address

Anticipated Graduation Date____________________________________________________

Current cumulative GPA; unweighted__________ weighted ________________

Counselor’s Name: ___________________________________________________________

Counselor’s Telephone Number: _______________________________________________

Counselor’s Email Address: ___________________________________________________

Please provide your academic transcript

1
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Yale New Haven Hospital Auxiliary
2021 Scholarship for Healthcare-Related Careers
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School clubs and organizations:
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

School athletics: ____________________________________________
__________________________________________________________
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Community Activities:

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<th>Organization</th>
<th>Role</th>
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<th>Total Hours</th>
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GRAND TOTAL HOURS_________

2
Please do not have send in double-sided format
3. College Plans and Applications

List all colleges applied to and where accepted. Please include copy of your formal letter of acceptance. If you are awaiting notification of acceptance, please forward information by Friday, April 2, 2021.

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Anticipated Major: ________________________________ Full Time _____ Part Time____

What is your desired profession? ________________________________

School you expect to attend this fall: ________________________________

Expected college graduation date: ________________________________

If you plan to attend part-time, what else will you be doing: ________________________________
4. Financial Information

Father/ Guardian’s Name: ____________________________________________________________

Father/Guardian’s Place of Employment: _______________________________________________

Occupation: ___________________________________________________________________

Mother/ Guardian’s Name: __________________________________________________________

Mother/Guardian’s Place of Employment: _____________________________________________

Occupation: ___________________________________________________________________

Number and ages of siblings living at home: _________________________________________

Number of siblings in college, where: _______________________________________________

If currently employed, name of employer: ____________________________________________

Hours worked: ___________________________________________________________________ Full-time ___ Part-time _____

Do you have other financial responsibilities? _____ Yes _____ No

If yes, please explain: __________________________________________________________________

Family’s adjusted gross income on the 2020 Federal Tax Form 1040: $ ________________ *
Applicant’s adjusted gross income on the 2020 Federal Tax Form 1040: $ ________________ *

*Information Required
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2021 Scholarship for Healthcare-Related Careers
Application

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

Tuition: $ ____________________________________________

Room and Board: $ ________________________________________

Other: $ ________________________________________________

Financial Assistance

Expected Family Contribution from FAFSA: $______________________

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: ________________________________

Honor or Scholarship awards applied for: _________________________________________

If applicable did you apply for New Haven Promise            Yes or No

5. 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.

1. Name: _____________________________________________________________

Address: ____________________________________________________________

City/ State/ Zip: ______________________________________________________

Telephone Number: _______________ Email: _____________________________

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Yale New Haven Hospital Auxiliary
2021 Scholarship for Healthcare-Related Careers
Application

2. Name: _______________________________________________________________
   Address: __________________________________________________________________________
   City/ State/ Zip: ______________________________________________________________________
   Telephone Number: ___________________________   Email: _______________________

**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 19, 2021**

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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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.

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