

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**

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**School clubs and organizations:**

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

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**Community Activities:**

Organization	Role	Grade	Dates	Total Hours

**GRAND TOTAL HOURS** \_\_\_\_\_

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**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.

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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: \_\_\_\_\_

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**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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**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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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)

**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.