



HEALTH CARE SCHOLARSHIP APPLICATION

For HIGH SCHOOL SENIORS

2021 ACADEMIC YEAR

Please Print

Today's Date: _____

Full Name: _____

Address: _____

Email: _____ Phone Number: _____

| |
|---|
| Parents' / Guardians' Names / Address(es): _____ _____ |
|---|

College or Training that you will attend: _____

Community Service / Volunteer Activities / Extra-Curricular Activities within the past 2 years:

List 3 references other than family (e.g., Teacher, Coach, Volunteer Worker):

| Name | Title | Address | Phone Number |
|------|-------|---------|--------------|
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To Do:

- Please submit two recommendation letters—1. from a teacher and 2. from an individual who knows you outside of school (e.g. volunteer work, scouting, church). These letters must be mailed by the individual writer to the address listed below and postmarked by Friday, June 4, 2021.
- Include a one-page typed essay on your Health Care Career interests and focus on why this profession is important to you.
- Submit school transcripts to the address below.
- All of the above must be postmarked by June 4, 2021 for an application to be considered.

Send your completed application to:
 Alice Learn, 4951 Stewart Road, Horseheads, NY 14845

For further information, email info@schuylerhospital.org or call
 Alice Learn at (607) 594-3401

Application Postmark Deadline: Friday, June 4, 2021.