Schuyler
HOSPITAL AUXILIARY
A Member of Cayuga Health System

HEALTH CARE SCHOLARSHIP APPLICATION

For HIGH SCHOOL SENIORS

2019 ACADEMIC YEAR

Please Print Today's Date: _____

Full Name: _____

Address: _____

Email: _____ Phone Number: _____

County of Residence: _____ High School: _____

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

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 Tuesday, May 28, 2019.
- 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 May 28, 2019 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: Tuesday, May 28, 2019.