



**HEALTH CARE SCHOLARSHIP APPLICATION  
For SCHUYLER HOSPITAL EMPLOYEES  
2019**

*Please Print*

Today's Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Highest education level completed: \_\_\_\_\_

Current position at Schuyler Hospital: \_\_\_\_\_

Length of time employed at Schuyler Hospital: \_\_\_\_\_

College or Training that you will attend: \_\_\_\_\_

Community Service / Volunteer Activities / Extra-Curricular Activities within the past 5 years:

\_\_\_\_\_  
\_\_\_\_\_

List 3 references other than family:

Name	Title	Address	Phone Number

To Do:

- Please submit **two recommendation letters**—1. from a supervisor or another member of the hospital staff and, 2. from an individual who knows you outside of work (e.g. volunteer work, 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.
- 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](mailto:info@schuylerhospital.org) or call  
Alice Learn at (607) 594-3401  
**Application Postmark Deadline: Tuesday, May 28, 2019**