Schuyler
HOSPITAL AUXILIARY
A Member of Cayuga Health System

HEALTH CARE SCHOLARSHIP APPLICATION

For SCHUYLER HOSPITAL EMPLOYEES

2020

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 Friday, June 5, 2020.
- 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 June 5, 2020, 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 5, 2020