

January 14, 2023

To: New Haven Area High Schools

From: Anne Kao Andrews, Chair
Stephanie Kollet, Co-Chair
Yale New Haven Hospital Auxiliary Scholarship Committee

Re: Scholarship Opportunities

The Yale New Haven Hospital Auxiliary is offering ten \$2,500.00 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 Friday, March 17, 2023.

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 send application to:

Yale New Haven Hospital Auxiliary Scholarship
20 York Street
New Haven, CT 06510

***Single-sided format only. Please ensure the student's first and last name are at the top of each page.**

**Yale New Haven Hospital Auxiliary
2023 Scholarship for Healthcare-Related Careers
Application**

School clubs and organizations:

School athletics: _____

Honors and Awards applied for:

Name of Honor or Award	Date

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 3, 2023.

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: _____

4. Financial Information

Father/ Guardian's Name: _____

Father/Guardian's Place of Employment: _____

Occupation: _____

Mother/ Guardian's Name: _____

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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: _____

Scholarship awarded	Amount awarded

Family's adjusted gross income on the 2022 Federal Tax Form 1040: \$ _____ *

Applicant's adjusted gross income on the 2022 Federal Tax Form 1040: \$ _____ *

***Information Required**

Estimated school expenses for which you will be responsible per year:

Tuition: \$ _____

Room and Board: \$ _____

Other: \$ _____

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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: _____

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. Your personal statement should include:

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- What and Who inspired you to choose your desired profession.
- What are you passionate about?
- What motivates you?

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 17, 2023

Please mail application to:

Application must be received via mail by March 17, 2023, 12:00 midnight, please allow 8 to 10 days if mailing application

**Yale New Haven Hospital Auxiliary Scholarship
20 York Street
New Haven, CT 06510**

Or email to auxiliary@ynhh.org must be received by March 17, 2023, 12:00 midnight

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?	
<input type="checkbox"/>	Completed application form.
<input type="checkbox"/>	One copy of your school transcript.
<input type="checkbox"/>	Two letters of recommendation.
<input type="checkbox"/>	Your personal statement.
<input type="checkbox"/>	Your college acceptance letters.