January 14, 2022

To: New Haven Area High Schools

From: Anne Kao Andrews, Chair
Yale New Haven Hospital Auxiliary Scholarship Committee

Re: Scholarship Opportunities

The Yale New Haven Hospital Auxiliary is offering ten $2,000.00 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 Monday March 18, 2022.

The Committee understands the impact the pandemic has had on student activities this past year. We will take into consideration the limited opportunities during the COVID-19 quarantine period.

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.

*Single-sided format only.*
1. Personal Information

Full Name: _____________________________________________________________

Last    First    Middle

Present Address: _________________________________________________________

Street

______________________________________________________________

Unit/ Apartment

City     State    Zip Code

Telephone number: (______) _____________________________________________

Date of Birth: ________________________________

2. Current Academic Information

High School: _____________________________________________________________

Name

_____________________________________________________________________

Address

Anticipated Graduation Date____________________________________________

Current cumulative GPA; unweighted ___________                  weighted ___________

Counselor’s Name: ______________________________________________________

Counselor’s Telephone Number: ___________________________________________

Counselor’s Email Address: ________________________________________________

Please provide your academic transcript

1
Single-sided only
Yale New Haven Hospital Auxiliary
2022 Scholarship for Healthcare-Related Careers
Application

School clubs and organizations:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

School athletics: ________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Honors and Awards applied for:

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<tr>
<th>Name of Honor or Award</th>
<th>Date</th>
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Community Activities:

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<th>Organization</th>
<th>Role</th>
<th>Grade</th>
<th>Dates</th>
<th>Total Hours</th>
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GRAND TOTAL HOURS__________

2
Single-sided only
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 1, 2022.

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

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: __________________________________________________________
Yale New Haven Hospital Auxiliary
2022 Scholarship for Healthcare-Related Careers
Application

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: ______________________________________________________________________

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<tr>
<th>Scholarship awarded</th>
<th>Amount awarded</th>
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Family’s adjusted gross income on the 2021 Federal Tax Form 1040: $ ________________ *
Applicant’s adjusted gross income on the 2021 Federal Tax Form 1040: $ ________________ *

*Information Required

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

Tuition: $ ______________________________________________________________________

Room and Board: $ ______________________________________________________________________

Other: $ ______________________________________________________________________
Yale New Haven Hospital Auxiliary
2022 Scholarship for Healthcare-Related Careers
Application

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: _______________________
Yale New Haven Hospital Auxiliary
2022 Scholarship for Healthcare-Related Careers
Application

**Personal Statement**

On a separate sheet of paper, please share with us why you feel you should be considered for this scholarship. 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 18, 2022**

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?
- [ ] Completed application form.
- [ ] One copy of your school transcript.
- [ ] Two letters of recommendation.
- [ ] Your personal statement.
- [ ] Your college acceptance letters.