



## Alice Hyde Medical Center

AUXILIARY

### Auxiliary Scholarship Application

Applicants must be planning to pursue a course of study in healthcare and live in an area served by AHMC or a graduating student of Brushton-Moira, Chateaugay, Malone, Northern Adirondack, St. Regis Falls, or Salmon River Central Schools.

#### There are two types of scholarships:

1. Highschool graduate starting their first year of study in a healthcare profession. \$500 award distributed in June.
2. Students who have successfully completed one or more years of study and are continuing their education in a healthcare profession. \$1,000 award distributed in June.

#### Completed applications must include the following:

1. Cover letter describing your financial need, your reason for choosing this healthcare profession, your career goals, and a list of current and former extracurricular activities.
2. One recent letter of reference.
3. Current official school or college transcript.

#### Mail your completed application before May 1<sup>st</sup> to:

Alice Hyde Medical Center Auxiliary  
Mary Tatro, Auxiliary President  
133 Park Street  
Malone, NY 12953

Please email [mtatro@alicehyde.com](mailto:mtatro@alicehyde.com) with any questions.

AUXILIARY

133 Park Street, Malone, NY 12953 | (518) 481-2395 | UVMHealth.org/AHMC

**Auxiliary Scholarship Application**

**CONFIDENTIAL**

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer and occupation (if applicable) \_\_\_\_\_

List any volunteer or paid experience you have had with AHMC or any other medical facility \_\_\_\_\_  
\_\_\_\_\_

Current High School/College \_\_\_\_\_

College you will be, or are currently attending \_\_\_\_\_

List your major field of study \_\_\_\_\_

Have you received acceptance from the college? \_\_\_\_\_ or are you in academic good standing and continuing in college? \_\_\_\_\_ If yes, what is your current GPA? \_\_\_\_\_

What is the estimated cost of the college you plan to attend? Tuition \$ \_\_\_\_\_  
Room and Board \$ \_\_\_\_\_

Have you received or expect to receive, any scholarships or financial aid? \_\_\_\_\_ If yes, please write down from whom, the amount and number of years you expect to receive support \_\_\_\_\_

Parent/Guardian/Spouse Name \_\_\_\_\_

Parent/Guardian/Spouse Employer(s) \_\_\_\_\_

Adjusted gross family income as listed on income tax form \$ \_\_\_\_\_

Will your family assist with financial expenses? \_\_\_\_\_

Ages of siblings/children who are dependents in family (excluding self) \_\_\_\_\_

Will any other family member be in college next year? \_\_\_\_\_

**AUXILIARY**

**Auxiliary Scholarship Application**

**CONFIDENTIAL**

**Please list two references:**

Name \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**AUXILIARY**