

**ALICE HYDE MEDICAL CENTER AUXILIARY**  
133 Park Street, Malone, New York 12953

**This is the application for the Alice Hyde Medical Center Auxiliary Scholarship. Applicants must be planning to pursue a course of study in a HEALTH CARE PROFESSION and be a RESIDENT of the area that the AHMC serves (Brushton-Moira, Chateaugay, Malone, St. Regis Falls, Salmon River).**

**There are two types of scholarships.**

- 1. Students who are starting their first year of study in a health care profession should apply. This scholarship will be \$300 and will be awarded in June.**
- 2. Students who have successfully completed one or more years of study and are continuing their education in a health care profession should apply. This scholarship will be \$1000 and will be awarded in June.**

**Completed applications must include:**

- 1. Cover letter describing financial need, reason for choosing this health care profession, career goals and current extra curricular activities.**
- 2. One recent letter of reference.**
- 3. Current official school or college transcript.**
- 4. All applications are due by May 1, and should be sent to:**

**The AHMC Auxiliary  
Mrs. Mary Kay Smith  
133 Park Street  
Malone, NY 12953**

**SCHOLARSHIP APPLICATION  
ALICE HYDE MEDICAL CENTER AUXILIARY  
MALONE, NEW YORK 12953  
CONFIDENTIAL**

**Name of Applicant:** \_\_\_\_\_

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

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**High School/College:** \_\_\_\_\_

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

**Parents' or Spouse's Names:** \_\_\_\_\_

**Parents' or Spouse's Employer(s)** \_\_\_\_\_

\_\_\_\_\_

**Adjusted gross family income as listed on income tax form:** \_\_\_\_\_

**Ages of siblings or children who are dependent in family (excluding self)** \_\_\_\_\_

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

**Applicant's employer and occupation (if applicable)** \_\_\_\_\_

\_\_\_\_\_

**List any volunteer or paid expenses you have had with the AHMC or any other medical facility:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

College you will be, or are now, 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? \_\_\_\_\_

What is the approximate cost of the college you plan to attend?

Tuition: \_\_\_\_\_ Room and Board: \_\_\_\_\_

Have you received, or expect to receive, any scholarships or financial assistance?

\_\_\_\_\_ If yes, please indicate from whom, amount and for 1 or 4 years.

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

Please list two references:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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

The following must be included with this application:

1. Cover letter describing financial need, reason for choosing this health care profession, career goals and current extra curricular activities.
2. One recent letter of reference.
3. Current Official school or college transcript.
4. Submit by May 1<sup>st</sup> to person indicated on cover letter.