

The Westerly Hospital Auxiliary

Year 2024 Scholarship Application

The Westerly Hospital Auxiliary Scholarship was established in 1973 in order to provide post-secondary **scholarship assistance to individuals seeking education or training for a career in any area of human health care.** In 1999, the Mary C. Pucci Scholarship was added; this scholarship will give preference to candidates who plan to work most directly with patients.

Eligibility Requirements

- Applicant must be a resident of Westerly, Stonington, North Stonington, Charlestown, Richmond, or Hopkinton.
- Applicant can be a graduating senior in high school, or have already graduated.
- Applicant must be pursuing an education related to a health career field.

Application Procedure

The following supporting materials **must** be submitted along with a completed application form:

- A copy of your FASSA SAR report.
- A typed essay of about 150 words describing what health career you have decided to pursue, and why.
- The official transcript from your high school or college.
- Two letters of recommendation, preferably one from your school and one from the community. Please do not send more than the two letters requested.

Selection Criteria

The scholarship committee considers academic achievement, financial need, career goals and school and community involvements when making its decisions. All applicants will be notified of the committee's decisions.

Deadline

Completed applications with all attachments must be **received** by **April 18, 2024**

Please submit your application on single-sided pages **ONLY**.

The application package should be returned to your High School Guidance Office, or mailed to The Westerly Hospital Foundation Office, 25 Wells St, Westerly, RI 02891

The 2024 Westerly Hospital Auxiliary Health Career Scholarship Application

Your career choice _____

A. Student Information

Name: _____
first last gender

Address: _____
street

_____ city state zip

Phone Number _____ Email _____

Present High School or College _____

To which schools/programs have you applied: _____

Please circle the ones to which you have been accepted.

Which school/program have you chosen to attend _____

If you are a Dependent Child:

Parent, stepparent or guardian A: _____
name

Occupation _____

Where employed _____

Parent, stepparent or guardian B: _____
name

Occupation _____

Where employed _____

If you or your spouse is a Head of Household:

Your occupation _____

Where employed _____

Your Spouse's Name _____

Occupation _____

Where employed _____

Number of persons living in your household _____

Dependent siblings: Please list name, age, school or college attending for each.

B. Academic Information:

Activities: List only major community and high school or college activities in which you have participated during the last three years.

Honors, awards, special achievements: List only major honors, awards, special achievements received in the last three years.

Work Experience: List any paid work experience you have had in the last three years.

List health career related experiences: hospital volunteer, other community service, or employment.

List any other major hobbies or interests not included in the above categories:

C. Financial Information

Family's adjusted gross income \$ _____

Anticipated Expenses for the Year:

Anticipated Resources for the Year:

Tuition _____

Family Contribution _____

Room and Board _____

Savings/earnings _____

Books/Supplies _____

Financial Aid/Scholarships _____

Travel _____

Other sources _____

Total _____

Total _____

Are there any unusual circumstances about which the committee should be informed?

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