

**Yale New Haven Hospital Auxiliary
2024 Scholarship for Healthcare-Related Careers
Application**

Applicant's name _____

1. Personal Information

Full Name: _____
Last First Middle

Present Address: _____
Street
Unit/ Apartment
City State Zip Code

Telephone number: (_____) _____

Student email: _____

Date of Birth: _____

2. Current Academic Information

High School: _____
Name
Address

Anticipated Graduation Date _____

Current cumulative GPA; weighted _____

Counselor's Name: _____

Counselor's Telephone Number: _____

Counselor's Email Address: _____

Please provide your academic transcript

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School Clubs and Organizations:

School Athletics:

Honors and Awards:

Examples: National Honors Society Members (categories incl. French, Spanish, etc.), Rotary, etc.

Name of Honor or Award	Date

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Community Service-Non Paid Volunteer Service to Community:

Organization	Role	Grade	Dates	Total Hours

GRAND TOTAL HOURS _____

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 5, 2024.

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: _____

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4. Financial Information

Parent 1/Guardian's Name: _____

Parent 1/Guardian's Place of Employment: _____

Occupation: _____

Parent 2/ Guardian's Name : _____

Parent 2/Guardian's Place of Employment: _____

Occupation: _____

Number and ages of siblings living at home: _____

Number of siblings in college, where: _____

If student is currently employed, name of employer: _____

Job title: _____

Hours worked: _____ Full-time ____ Part-time _____

Do you have other financial responsibilities? Yes No

If yes, please explain: _____

Family's adjusted gross income on the 2023 Federal Tax Form 1040: \$ _____ *

Applicant's adjusted gross income on the 2023 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: _____

Scholarship awarded	Amount awarded

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5. References

List the names and contact information of two adults, non-family, you have chosen to write your letters of recommendation. One letter must be a professional reference and one can be a personal reference. Therefore, you can have one personal *and* one professional *or* two professional references.

1. Name: _____

Occupation/Relationship to student _____

Address: _____

City/ State/ Zip: _____

Telephone Number: _____ Email: _____

2. Name: _____

Occupation/Relationship to student _____

Address: _____

City/ State/ Zip: _____

Telephone Number: _____ Email: _____

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Personal Essay

On a separate sheet of paper, please share with us why you feel you should be considered for this scholarship. Your essay **must** include:

- 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 submit your essay in a word document format.

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 15, 2024

If by US Mail (allow 8 to 10 days for receipt by March 15, 2024):

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

If by email (receipt by Midnight, March 15, 2024): auxiliary@ynhh.org.

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Applicant Certification

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 circumstances.

Applicant's signature: _____ Date: _____

Parent/ Guardian's Signature: _____ Date: _____

(Not required if 18 years or older)

Did you remember to include?

- Completed application form**
- Personal essay**
- One copy of your school transcript**
- Your college acceptance letters**
- Two letters of recommendation**