

**Yale New Haven Hospital Auxiliary  
2025 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 4, 2025.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 2024 Federal Tax Form 1040: \$ \_\_\_\_\_ \*

Applicant's adjusted gross income on the 2024 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 14, 2025**

**If by US Mail (allow 8 to 10 days for receipt by March 14, 2025):**

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

**If by email (receipt by Midnight, March 14, 2025): [auxiliary@ynhh.org](mailto: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**