

Alice Hyde Medical Center Auxiliary

133 Park Street, Malone, New York 12953

This is the application for the 2010 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.

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 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 \$800 and disbursed in two increments. The first check will be resented in June. Winners are responsible, for notifying Mrs Champagne of their educational status by the end of December, to obtain their second check.

Completed applications must include:

1. Cover letter describing financial need, current extra-curricular activities and career goals.
2. **One** letter of reference.
3. Current **Official** school or college transcript.
4. All applications are due by **May 1, 2010** and should be sent to:

Mrs Clarice Champagne
130 Moody Road
Malone, NY 12953

Date received by committee: _____

Date notification sent to applicant, school, newspaper _____

**Alice Hyde Medical Center Auxiliary
Malone, New York 12953
Scholarship Application
Confidential**

Name of Applicant: _____

Address: _____

High School / College _____

Home Phone: _____

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: _____

Will any other family member be in college next year? _____

Applicant's employer and occupation(if applicable) _____

If you are re-entering college or are a delayed entry, list your last place of employment

List any volunteer or paid experiences 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 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 three references:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Date: _____ Signature: _____

The following must be included with this application:

1. Cover letter describing financial need, current extra-curricular activities and career goals.

2. **One** letter of reference.

3. Current **Official** school or college transcript.

Please submit by **May 1st** to person indicated in cover letter.