

# *Alice Hyde Medical Center Auxiliary*

*133 Park Street, Malone, New York 12953*

This is the application for the 2009 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 \$500 and disbursed in two increments.

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.

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, 2009** and should be sent to:

Mrs. Clarice Champagne  
130 Moody Road  
Malone, NY 12953

**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 brothers and sisters 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: \_\_\_\_\_

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 1<sup>st</sup>** to person indicated in cover letter.

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For Committee Use Only

Date received: \_\_\_\_\_

Date committee reviewed: \_\_\_\_\_ Members: \_\_\_\_\_

Dates notification sent to applicant, school, newspaper: \_\_\_\_\_