## LITTLETON REGIONAL HEALTHCARE 2017 LRH AUXILIARY SCHOLARSHIP APPLICATION FOR HEALTHCARE CAREERS

## For Current Littleton Regional Healthcare Employees

## **Requirements**

To be eligible for an LRH Auxiliary Scholarship, the applicant must:

- 1. Be an employee in good standing of Littleton Regional Healthcare.
- 2. Have been accepted to a program related to healthcare career advancement by an accredited post-secondary school or college.
- 3. Demonstrate a need for financial assistance.
- 4. Meet the application deadline with a <u>complete</u> application, including your most recent 1040 tax return <u>BY APRIL 15 AND RETURN IN A FLAT</u> <u>9X12 ENVELOPE . (NO STAPLES)</u>

In order to help the Scholarship Committee make the best possible selection from among all candidates, it is requested that you answer all questions. Except for the names of the winners, all information will be kept confidential.

Plea	ase Print			
<b>A.</b>	Name:(Last)	(First)	(Middle)	
	(Home Address)		(Telephone)	
В.	What school will you attend:			
C.	Have you been accepted? Yes	s No		
D.	Expenses: Please list the <u>annual</u> expenses at the school at which you plan to enroll. (Information must be taken from the college catalog, if applicable).			
	Tuition:	Room & Bo	ard:	
	Books:	Travel:		
	Porcanal Evnancas	Total		

Е.	Please provide a copy of your most recent (2016) 1040 tax return. Note: To protect your privacy, please blackout all social security numbers.			
F.	My contribution towards the school year is \$			
G.	List scholarships applied for and amounts expected to obtain.			
Н.	Family members living at home and ages:			
	1 4			
	2 5			
	3 6			
I.	Other employment. List most recent first.			
J. E	Explain any unusual circumstances concerning family financial situation:			
К.	Write a statement about your proposed program of study and eventual			
	eer goals on separate sheet of paper.			
L. P	Please attach a brief character reference written by your supervisor.			

Μ.	I authorize Littleton Regional Healthcare Personnel Department to release	se
	pertinent information relative to this application.	

(Applicant's Signature)

(Date)

This completed application must be postmarked no later than April 15, 2017.

## RETURN IN A FLAT 9X12 ENVELOPE (NO STAPLES)

To: Nancy Diener Auxiliary Scholarship Chairperson 360 Brook Road Bethlehem, NH 03574