

*Littleton Regional Healthcare  
Auxiliary  
Scholarship Application*

*~2017~*

## CHECKLIST

**Please review this checklist carefully and complete all items below.  
An incomplete application will not be considered.**

Check all items:

- Parents/legal guarding completed most recent 1040 tax form
- Signed application
- Statement of awards/activities (if applicable)
- Statement of career goals
- Two references
- Transcript
- Returned in flat 9x12 envelope, not folded, no staples
- Checklist completed, signed and dated

**COMPLETED APPLICATION MUST BE POSTMARKED NO LATER  
THAN APRIL 15<sup>TH</sup> 2017**

**Applicant signature** \_\_\_\_\_ **Date** \_\_\_\_\_

2017

LITTLETON REGIONAL HEALTHCARE  
AUXILIARY SCHOLARSHIP APPLICATION  
FOR HEALTHCARE CAREERS

To be eligible for one of the LRH AUXILIARY SCHOLARSHIPS, the applicant MUST:

1. Attend one of the following high schools: Lin-Wood, Lisbon, Littleton, Profile or White Mountain Regional
2. Be sincerely interested in pursuing a healthcare career.
3. Have been accepted by an accredited post-secondary school or college that offers training in healthcare.
4. Need financial assistance.
5. Be in good standing academically.

**In order to help the Scholarship Committee make the best possible selection from among all candidates, the applicant should answer ALL questions and submit with the application all additional requested information. Except for the name of the recipients, all information will be kept confidential.**

PLEASE PRINT

A. Name: \_\_\_\_\_  
Last First Middle

\_\_\_\_\_

Home Address Telephone

High School \_\_\_\_\_

B. What school do you plan to attend: \_\_\_\_\_

Have you been accepted? Yes \_\_\_ **Please provide a copy of the acceptance letter.**

C. List the annual expenses at this school. (Information must be taken from the school catalog.)

Tuition \_\_\_\_\_ Room/Board \_\_\_\_\_ Books \_\_\_\_\_

Travel \_\_\_\_\_ Personal \_\_\_\_\_ Total \_\_\_\_\_

D. Father/Guardian \_\_\_\_\_  
Name  
Employer: \_\_\_\_\_  
Position: \_\_\_\_\_

Mother/Guardian \_\_\_\_\_  
Name  
Employer: \_\_\_\_\_  
Position: \_\_\_\_\_

E. Parents/Guardians current marital status \_\_\_\_\_

F. Parents'/Guardians income/asset data for year **2016 (\*\*THIS INFORMATION MUST BE COMPLETED\*\*)**

Attach completed copy of the most recent 1040 tax report of parent(s) or guardian(s).

**Note: To protect your privacy please blackout all social security numbers**

G. Additional information

1. Please provide the amount of tuition assistance you will receive from:

Mother \_\_\_\_\_ Father \_\_\_\_\_

Scholarships/Grants \_\_\_\_\_ Other \_\_\_\_\_

Explain \_\_\_\_\_

\_\_\_\_\_

2. Please list names of family members attending tuition post-secondary school programs and designate from whom any/all aid is received: (a) Mother, (b) Father, (c) Scholarships/Grants, (d) Other and explain:

\_\_\_\_\_

\_\_\_\_\_

Name	Status	Location
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Explain \_\_\_\_\_

\_\_\_\_\_

3. Family members living at home and ages:

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H. I plan to work this summer at: \_\_\_\_\_

I plan to earn \$ \_\_\_\_\_

I. Explain any unusual financial situations in your immediate family:

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J. Participation as a JUNIOR VOLUNTEER at Littleton Regional Healthcare:

Yes \_\_\_\_\_ No \_\_\_\_\_ Years \_\_\_\_\_

DESCRIBE YOUR EXPERIENCE \_\_\_\_\_

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Participation as a volunteer in any other health related area or capacity. YES \_\_\_\_\_ NO \_\_\_\_\_

EXPLAIN \_\_\_\_\_

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Participation as a volunteer in any community projects or activities (other than health field).

Yes \_\_\_\_\_ No \_\_\_\_\_

EXPLAIN \_\_\_\_\_

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K. Student employment (part-time and summer).

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L. My financial contribution toward my first year will be: \_\_\_\_\_

M. On a SEPARATE SHEET OF PAPER, list any awards you have received and/or studies you have experienced that have greatly benefited your plans for a healthcare future.

- N. On a SEPARATE SHEET OF PAPER, write a statement, not to exceed 500 words, about your proposed program of study and eventual career goals. (Consult the list of medical careers located at the end of this application as a guideline. If your career is not listed, then justify its connection to the medical profession in your statements.)
- O. Enclose two character references. One from a school employee, the second from someone other than a family member.
- P. Enclose a copy of your high school transcript.

Applicant's Signature \_\_\_\_\_

**I attest that the above information is true and correct to my knowledge.**

Date \_\_\_\_\_ Signature \_\_\_\_\_  
Parent/Guardian signature

**Completed application must be POSTMARKED no later than April 15, 2017 and returned in a flat 9x12 envelope (NO STAPLES, NOT FOLDED)**

Please send to:

Nancy Diener  
LRH Auxiliary Scholarship Chairperson  
360 Brook Road  
Bethlehem, NH 03574  
603-869-2244

## MEDICAL FIELDS

### Nursing

Public Health  
Occupational  
Industrial  
Clinical/hospital – professional, registered, vocational  
Dental

### Preventive Medicine

Physiatrist  
Public Health  
Industrial Medicine

### Medical Practice

Family Practitioner  
Fields of Specialty- Anesthesiology, Allergy and Immunology, Dermatology, Dentistry, Family Practice, Internal Medicine (Cardiovascular Diseases, Endocrinology, Hematology, Infectious Diseases, Nephrology, Oncology, Pulmonary Disease, Rheumatology), Neurological Surgery, Nuclear Medicine, Obstetrics-Gynecology, Ophthalmology/Optometry, Orthopedic Surgery, Otolaryngology, Pathology, Pediatrics, Psychiatry, Plastic Surgery, Radiology, Surgery-general, Thoracic Surgery, Urology

### Physical Medicine and Rehabilitation

Physical Therapy  
Occupational Therapy  
Speech Pathology

### Medical Technology

### Medical Research

### Mental Health

Psychology  
Counseling

### Veterinary Medicine