

*Littleton Regional Healthcare
Auxiliary
Scholarship Application*

~2018~

CHECKLIST

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

Check all items:

- Parents/legal guardian completed most recent 1040 tax form
- Signed application
- Statement of awards/activities (if applicable)
- Statement of career goals
- Copy of acceptance letter
- 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 TUESDAY, APRIL 17TH 2018**

Applicant signature_____ **Date**_____

2018

**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 **2017 (**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:

_____	_____
_____	_____
_____	_____

H. I plan to work this summer at: _____

I plan to earn \$_____

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

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

Yes_____ No_____ Years _____

DESCRIBE YOUR EXPERIENCE_____

Participation as a volunteer in any other health related area or capacity. YES_____ NO_____

EXPLAIN_____

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

Yes_____ No_____

EXPLAIN_____

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

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.
- Q. Enclose a copy of your college acceptance letter

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
 Tuesday, April 17, 2018**

Return in a flat 9x12 envelope (NO STAPLES, NOT FOLDED)

Please send to:

Amy B. Mancini
 Volunteer Director
 600 St. Johnsbury Road
 Littleton, NH 03561
 603-444-9207

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