

ALICE HYDE MEDICAL CENTER AUXILIARY
133 Park Street, Malone, New York 12953

This is the application for the 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 (Brushton-Moira, Chateaugay, Malone, St. Regis Falls, Salmon River).

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 will be awarded in June at Franklin Academy.

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 will also be presented in June at F.A.

Completed applications must include:

1. Cover letter describing financial need, reason for choosing this health care profession, career goals and current extra curricular activities.
2. One recent letter of reference, other than your New Visions H.C. Teacher.
3. Current official school or college transcript.
4. All applications are due by May 1, and should be sent to:

Mrs. Mary Kay Smith
75 Constable St.
Malone, NY 12953

**SCHOLARSHIP APPLICATION
ALICE HYDE MEDICAL CENTER AUXILIARY
MALONE, NEW YORK 12953
CONFIDENTIAL**

Name of Applicant: _____

Address: _____

Home Phone: _____ Cell Phone: _____

High School/College: _____

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 (excluding self) _____

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

Applicant's employer and occupation (if applicable) _____

List any volunteer or paid expenses 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 the 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 two references:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Signature _____ Date _____

The following must be included with this application:

1. Cover letter describing financial need, reason for choosing this health care profession, career goals and current extra curricular activities.
2. One recent letter of reference, excluding any from your New Visions Health Career Teacher.
3. Current Official school or college transcript.
4. Submit by May 1st to person indicated on cover letter.

Please sign:

I give the AHMC Scholarship Committee permission to access my academic and financial records of the college I am presently attending in order to process my scholarship application, if necessary.

Name/Signature/Date _____