

Elizabethtown Community Hospital Auxiliary Scholarship Fund

75 Park Street, P.O. Box 277
Elizabethtown, NY 12932
(518) 873-6377

SCHOLARSHIP APPLICATION

Auxiliary scholarships are outright grants but recipients, after graduating, may choose to make contributions to the Auxiliary Scholarship Fund so that others may benefit as they did.

PLEASE READ AND ANSWER CAREFULLY. INCOMPLETE APPLICATIONS WILL BE RETURNED.

Part 1: Applicant must reside in Clinton or Essex County, New York.

Name: _____ County: _____

Mailing Address: _____ Phone: _____

Town/City: _____ Zip Code: _____

Name of High School: _____ Year Graduated: _____

Please explain how you meet the criteria required to apply for this scholarship (i.e. Hospital employee, child of hospital employee, etc.) _____

Part 2: College Information

A. Auxiliary scholarships are for full-time students only.

Name of college: _____

Expected major: _____

Professional goal: _____

Housing: Please check one

on campus off campus with parents/family other: _____

Expected daily commute in miles: _____

B. Anticipated college costs per year (tuition, fees, room, meals): \$ _____

Estimated Resources (*if not known at this time, please estimate*):

| | | | |
|--------------|----------|---------------------|----------|
| From Parents | \$ _____ | College Scholarship | \$ _____ |
|--------------|----------|---------------------|----------|

| | | | |
|------------------|----------|--------------------|----------|
| Student Earnings | \$ _____ | College Work-study | \$ _____ |
|------------------|----------|--------------------|----------|

| | | | |
|---------|----------|---------------|----------|
| Savings | \$ _____ | Student Loans | \$ _____ |
|---------|----------|---------------|----------|

| | | | |
|------------|----------|---------------|----------|
| Pell Grant | \$ _____ | College Loans | \$ _____ |
|------------|----------|---------------|----------|

| | | | |
|-----------|----------|----------------------|----------|
| TAP Award | \$ _____ | Private Scholarships | \$ _____ |
|-----------|----------|----------------------|----------|

| | | | |
|----------|----------|-----------------|----------|
| EOP/SEOG | \$ _____ | Other (specify) | \$ _____ |
|----------|----------|-----------------|----------|

Part 3: Household Information: If, according to financial aid regulations, you are considered a DEPENDENT student, please complete section A. If you are considered an INDEPENDENT student, complete section B.

Section A: Dependant Student Information

Parents' marital status: married separated divorced widowed single
Number of children in household (including applicant): _____ Ages: _____
Number in college next year (including applicant): _____

Father's/Stepfather's Occupation: _____
Employer: _____

Mother's/Stepmother's Occupation: _____
Employer: _____

Parent's Adjusted Gross Income from last year's tax return: (Include all sources such as wages, social security, unemployment, retirement, pensions, disability, social services. If parents are divorced, please list income of custodial parent.) \$ _____

If parents had non-taxable income only, please list amount \$ _____
Source of non-taxable income: _____

Annual child support payments received \$ _____
Annual child support paid for children not in household \$ _____
Student's income for previous year \$ _____

Section B: Independent Student Information

Do NOT complete section B unless you, the student, have a dependent child, are married, are a ward of the court, or are an adult learner over 24 years of age returning to college.

Student's marital status: married separated divorced widowed single
Number of children in household: _____ Ages: _____
Family members in college next year (including applicant): _____

Student's Occupation: _____
Employer: _____

Spouse's Occupation: _____
Employer: _____

Gross Family Income from last year's tax return: (include all sources such as wages, social security, unemployment, retirement, pensions, disability, social services)\$ _____

If family had non-taxable income only, please list amount \$ _____
Source of non-taxable income: _____

Annual child support payments received \$ _____
Annual child support paid for children not in household \$ _____

Part 4: Personal Statement & Transcript

- A. Please attach a ONE page, typed, proof-read statement of your interests and goals in the medical field.
- B. Please include a copy of your school transcripts.

Signature of applicant

Date

Signature of parent/guardian