

March 12, 2018

Dear Guidance Department,

It was a pleasure to speak with your department recently to tell you that the New York/Presbyterian- Hudson Valley Hospital Auxiliary has approved awarding five \$1,000.00 scholarships to graduating seniors who plan to follow a career in the health field.

We have attached a copy of the new scholarship application to be completed by your graduating seniors. Please duplicate additional copies as needed.

Applications must be sent to NYP/HVH Auxiliary, Attention Scholarship Committee, 1980 Crompond Rd., Cortlandt Manor, NY 10567. Must be completed and received by Monday, May 7, 2018 to be eligible for consideration by the committee. There will be no exceptions for late applications.

Please refer to the scholarship package for information on the criteria for the award and the supplementary material, which must accompany this application.

We wish you success for the students in your school district.

Sincerely,



Donna Edwards
Scholarship Committee Chairperson

STUDENT APPLICATION
THE AUXILIARY OF THE NEW YORK PRESBYTERIAN / HUDSON VALLEY HOSPITAL

Last Name	First Name	Middle Initial
------------------	-------------------	-----------------------

Address	City	State	Zip
----------------	-------------	--------------	------------

Home Phone #	Date of Birth	Sex
---------------------	----------------------	------------

High School Attended	Date of Graduation
-----------------------------	---------------------------

Name of College/School of Higher Education you plan to attend

Health Career you plan to pursue	Length of course
---	-------------------------

What motivated you to select this health career?

Student Application Form

Name of Father's Employer

Position Held

Name of Mother's Employer

Position Held

List all children in your family by name, age, grade in school, or occupation.

State in detail why you are applying for financial aid.

Student Application Form

1. Have you received, or are you scheduled to receive any other scholarship?

(Y)_____ (N)_____

2. Are you eligible for any other scholarship? (Y)_____ (N)_____

3. Have you applied for another scholarship? (Y)_____ (N)_____

4. If you have answered yes to the above questions please give the name of the scholarship(s).

Name:

Amount:

Name:

Amount:

Student Application Form

I, _____, hereby submit this application for a scholarship from the Auxiliary of the NYP/HVH for the academic year _____.

I declare further the statements made above in support of this application are true.

Signature _____ Date _____

I hereby declare that I have read the foregoing statements and that to the best of my knowledge they are true.

Signature _____
Parent or Guardian

Important that the following accompany this application:

1. Transcript of applicant's high school record.
2. List of school or community activities.
3. Three (3) letters of recommendation. At least one must be from a teacher or guidance counselor.

To be postmarked by no later than Monday, May 7, 2018 to:

The Auxiliary of NYP/HVH
1980 Crompond Road
Cortlandt Manor, NY 10567

Attention: Scholarship Committee

NEW YORK PRESBYTERIAN/HUDSON VALLEY HOSPITAL
SCHOLARSHIP APPLICATION

CRITERIA

1. The applicant must be a graduating senior of a high school in the New York Presbyterian/Hudson Valley Hospital area.
2. The applicant must plan to pursue a career in healthcare. The following are some examples of such a career: physician, physician's assistant, nurse, radiology technician, laboratory technician, physical or occupational therapist, respiratory therapist, nuclear medicine technologist, etc.
3. The applicant's record of academic achievement and potential for finishing career goal will be taken into consideration.
4. The three letters of recommendation are significant.
5. Consideration will be given to the need for financial aid.
6. The application must be completed and received by **Monday, May 7, 2018** to be eligible.