

**2020**  
**Lakes Region General Hospital Auxiliary**  
**SCHOLARSHIP APPLICATION**

This scholarship is *restricted* to LRGHealthcare employees, and immediate family members of employees or volunteers enrolled in a medical/health field. Immediate family member is defined as: parent; sibling; child; spouse; grandparent; or grandchild. The applicant must be earning a degree or certification in an accredited licensed program in the United States or Canada to be eligible for consideration.

**POSTMARKED APPLICATION DEADLINE: May 1, 2020**

**Scholarship Recipients Are Selected Based on the Following Criteria:**

1. Complete and accurate scholarship application
2. Financial need
3. Academic record/transcript (minimum GPA for consideration 3.0)
4. Community and extracurricular activities (including special honors, employment, volunteer and community service, etc.)
5. Student's goals and aspirations statement
6. Letters of recommendation

**Scholarship Checklist (Failure to entirely meet this listing of requirements will eliminate consideration as an applicant):**

1. Completed application, answering all questions and using N/A for not applicable
2. Goals and aspirations statement
3. Three (3) recommendations with complete information  
Teacher; or  
Work supervisor; or  
Other: community service leader; volunteer project/program, etc.

**NOTE: Immediate family members or relatives are not acceptable references; you are responsible for following up with the persons completing the forms to ensure they have been completed and submitted**

4. Official school transcript
5. Letter of acceptance from school

**Application and required supporting documentation must be postmarked on or before May 1, 2020**

**Mail to:**

LRGH Auxiliary Scholarship Committee  
LRGHealthcare  
80 Highland Street  
Laconia, NH 03246

# LRGH AUXILIARY SCHOLARSHIP APPLICATION

(Please type or print)

If space provided in any section is inadequate, you may continue on additional sheets of paper using the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

## RELATIONSHIP TO LRGH

I am an:

\_\_\_\_\_ Employee of LRGHealthcare. Employee # \_\_\_\_\_

\_\_\_\_\_ Immediate Family Member of LRGHealthcare Employee or Volunteer  
Circle one: Parent Sibling Child Spouse Grandparent Grandchild

Name of Employee/Volunteer: \_\_\_\_\_

## APPLICANT DATA

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Permanent Home  
Mailing Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Email Address \_\_\_\_\_

## CURRENT HIGH SCHOOL STUDENTS

High School Attending \_\_\_\_\_ Graduation Date (MM/YYYY) \_\_\_\_\_

Class Rank # \_\_\_\_\_ in a class of \_\_\_\_\_ students

\_\_\_\_\_  
Signature of Principal/Guidance Counselor Date

## COLLEGE OR UNIVERSITY

Name of college or university or other accredited educational institution you have been accepted to attend in 2020/2021. Use official school name. Do not use abbreviation.

\_\_\_\_\_  
College/University City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_  
Accredited Educational Institution

I will be enrolled full-time for the 2020/2021 academic year Yes No

I will be enrolled part-time for the 2020/2021 academic year Yes No

In 2020/2021, I will be a: Freshman Sophomore Junior Senior Graduate Student

Major or course of study \_\_\_\_\_

Expected college graduation date: (MM/YYYY) \_\_\_\_\_

**WORK EXPERIENCE**

Describe your work or internship experience during the **past three years**. Indicate dates of employment for each job and approximate number of hours worked each week. List income earned at each separate job.

Employer/Position	From – Mo/Yr	To – Mo/Yr	Hours per Week	Income Earned

**ACTIVITIES, AWARDS, AND HONORS**

List all school activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the **past four years** (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics, etc.). Note all special awards, honors and offices held. Indicate whether high school or college activities.

Activity	No. of Years Participation	Special Awards, Honors	Offices Held

**GOALS AND ASPIRATIONS**

Please state your detailed educational goals and aspirations (**in approximately 100 words**):

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## FINANCIAL INFORMATION

Total Estimated <u>Annual</u> School Expenses	
Tuition and Fees	\$
Room and Board	\$
Textbooks	\$
Personal Costs (clothes, insurance, transportation, spending money)	\$
<b>Total Annual Cost:</b>	\$

State the amount you have saved toward your future education:

How much per year will your parent(s) be able to assist you?

Are you a declared dependent on your parent(s) tax return?

State the annual amount of your parental income (if a dependent):

How many other immediate family members are currently attending college?

State the amount of financial aid the college has offered to you:

Have you applied for any other scholarships?  Yes  No

What governmental assistance, e.g. grants, loans, veteran's educational benefits, etc. will you be receiving? Indicate value:

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If Yes, indicate total value: 

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**UNUSUAL CIRCUMSTANCES** Please indicate any unusual family or personal circumstances you think warrant mentioning:

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*All of the information contained in this form is true and complete to the best of my (our) knowledge. If asked by an authorized official, I (we) agree to give proof of the information that I (we) have given in this application. I (we) also realize that if I (we) do not give proof when asked, the student may not receive a scholarship from the LRGH Auxilliary.*

*I hereby waive any confidentiality with respect to such information insofar as the Lakes Region General Hospital Auxilliary Scholarship Committee is concerned, since it is my understanding that the information will be used solely for the evaluation of my application for a scholarship and no other purpose.*

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

\_\_\_\_\_  
Parent/Guardian's Signature (if applicable) Date

**Application and required supporting documentation must be postmarked on or before May 1, 2020.**

# Lakes Region General Hospital Auxiliary Scholarship Application

## TEACHER RECOMMENDATION/WORK SUPERVISOR RECOMMENDATION

POSTMARKED DEADLINE: MAY 1, 2020

Name of Applicant: \_\_\_\_\_  
First Middle Last

*Please use a separate sheet of paper, if necessary*

1. In what capacity do you know the candidate?
2. Please tell us what you can about the candidate's intellectual curiosity, initiative, independence, ability, willingness to work, and academic achievement. Does his/her performance equal his/her potential?
3. We are interested in the candidate's personality and character. What do you know about this person's integrity, maturity, relationship with and concern for others, and leadership ability? Are there specific strengths or weaknesses of which we should be aware?
4. How does the candidate respond to criticism or advice? Does he/she persevere in the face of difficulties? Do you see this candidate as someone who can handle the rigors of pursuing a career in a medical/health related field?
5. How would you rate this candidate as a person? (Circle one)  
Outstanding                  Above Average                  Average                  Below Average
6. How would you rate this candidate as a student/employee?  
Outstanding                  Above Average                  Average                  Below Average
7. We welcome any further comments you may wish to make about the applicant.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Position/Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone \_\_\_\_\_

**Return Postmarked by  
May 1, 2020 in  
separate/sealed envelope  
to:**

LRGH Auxiliary  
Scholarship Committee  
80 Highland Street  
Laconia, NH 03246

Lakes Region General Hospital Auxiliary Scholarship Application

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