



AUXILIARY SCHOLARSHIP APPLICATION

Please complete the information, in the order listed, and typed in your own format

- 1) **NAME, ADDRESS and TELEPHONE NUMBER**
- 2) **NAMES OF PARENTS OR GUARDIANS**
- 3) **BIRTHDATE**
- 4) **HIGH SCHOOL (Name, Address, Telephone Number, Counselor Name)**
- 5) **CLASS RANK**
- 6) **GRADE POINT AVERAGE (3 ½ yr average OR 7 Semesters)**
- 7) **COLLEGE CREDIT CLASSES**
- 8) **HIGH SCHOOL ACTIVITIES AND OFFICES HELD**
- 9) **AWARDS AND HONORS RECEIVED WHILE ATTENDING HIGH SCHOOL**
- 10) **COMMUNITY INVOLVEMENT AND OFFICES HELD**
- 11) **OTHER HOBBIES AND INTERESTS**
- 12) **WORK EXPERIENCE**
- 13) **NAME AND ADDRESS OF COLLEGE OR UNIVERSITY YOU PLAN ON ATTENDING**
- 14) **CAREER YOU PLAN TO ENTER**

Please give serious planning and thought when answering the following question in an essay format. Make sure to include specific examples and details to support your thoughts.

- 15) ***WHY ARE YOU PLANNING A CAREER IN THE AREA OF HEALTH OR MEDICINE and WHAT IMPACT DO YOU SEE YOURSELF MAKING IN THE AREA YOU HAVE SELECTED?***

- 16) ***YOUR SIGNATURE and DATE***

Please send the completed application, a recommendation letter from your School Counselor, a letter of recommendation from someone who knows you well, and an official transcript, with coursework planned for the entire senior year, postmarked by February 15, 2019 to:

Auxiliary Scholarship Chairperson
Noyes Health
111 Clara Barton Street
Dansville, NY 14437-9527