

**FOLTSBROOK CENTER FOR NURSING AND REHABILITATION
FOLTS FOUNDATION HEALTHCARE SCHOLARSHIP - 2020**

This \$250.00 scholarship offers a student who meets the considerations herein set forth, financial assistance, while pursuing an education in the field of healthcare. One scholarship will be awarded to each local school.

CONDITIONS AND REQUIREMENTS

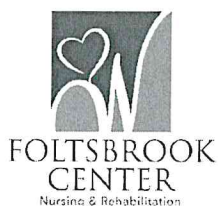
At the time the scholarship application is completed, an applicant must be:

- A high school senior and candidate for graduate
- College bound to either a two-year or four-year accredited educational institution
- Pursuing higher education in the field of healthcare.

An applicant must submit the required application form that is set forth. There are (five) sections to this form that must be completed. Applications for this scholarship must be emailed to rburroughs@foltsbrook.com or mailed to:

**Rose Burroughs, FoltsBrook Center
104 North Washington Street
Herkimer, NY 13350**

Scholarship award paperwork must be received by May 31, 2020. Once decision is made, school and students will be notified.



FOLTS FOUNDATION SCHOLARSHIP 2020

APPLICATION FORM

Section I

Personal Information:

Name: _____
 First Middle Initial Last

Address: _____
 Address City State Zip Code

High School Information:

Name of high school currently attending _____

Date of high school graduation: _____

_____ Please check if you are a Herkimer County BOCES student

College Information:

College(s) you plan to attend: _____

College(s) you've been accepted to: _____

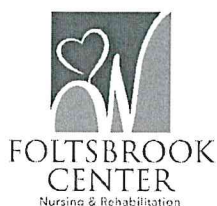
Are you currently enrolled in college/where? _____

Intended major or field of study: _____

Expected date of college graduation: _____

Section II:

TRANSCRIPT – You must enclose an official transcript from your high school.



Section III:

EXTRACURRICULAR ACTIVITIES: You must provide a listing of any extracurricular activities, to include, but not limited to: any honors, awards, offices held, employment, unusual travel, etc.

Section IV:

References: You must provide and attach three (3) letters of recommendation from sources other than a family member or friend. These can come from sources to include, but not limited to: teachers or school officials, past or present employers, professional providers, organizational groups and so on.

Name: _____ (with attachment)
Name: _____ (with attachment)
Name: _____ (with attachment)

Section V:

Essay: You must provide a brief, typed essay on a separate sheet of paper stating:

- Why you chose this specific major
- What are your professional goals
- Why you feel you should be a scholarship recipient
- How receiving this financial aid would assist you.

This section is an important part of your application. Consideration for this award places a large emphasis on how well you have developed and presented your thoughts and ideas in this essay.

STATEMENT

I have read and fully agree to accept the conditions and requirements as set forth in this application for consideration of the "Folts Foundation Scholarship."

Please mail all required forms to:

Rose Burroughs, FoltsBrook Center, 104 North Washington Street, Herkimer, NY 13350 or email to: rburroughs@foltsbrook.com

Applicant's Signature

Date

For office us only:		
Application received: _____	Reviewed: _____	Accouncement: _____