

2008

LAKES REGION GENERAL HOSPITAL AUXILIARY SCHOLARSHIP APPLICATION

This scholarship is restricted to those entering a medical / health related field who are residents of Belknap County or reside within the Lakes Region General Hospital / LRGHealthcare service area. The applicant must be earning a degree or certification in an accredited licensed program to be eligible for consideration.

A. CATEGORIES FOR CONSIDERATION ARE:

1. Financial need.
2. Academic record / transcript.
3. Extracurricular activities including special honors, employment, community service, other.
4. Student's own plans and needs.
5. Student must have received a college / graduate program / certification program / letter of acceptance to be eligible for this scholarship. (We understand that in some cases due to a rolling admissions policy at some institutions an acceptance letter may not be submitted by 5/1 /08 but we ask that *some type of documentation* that the application is actively under consideration be provided)

B. REQUIREMENTS FOR APPLICATION:

1. Please complete this application by answering all of the questions as thoroughly as possible. Use N/A for not applicable.
2. Applicant "**MUST**" complete question # 9 which instructs him/her to write a statement of no more than 100 words explaining his/her plans for a career in a medical / health related field.
3. **THREE (3)** references are required. Forms are provided.
 - * One (1) teacher / work supervisor recommendation
 - * Two (2) recommendations from people with whom you've worked or been involved with in an extracurricular activity.

(NOTE: *Immediate family members or relatives cannot submit references for applicant.*)

4. Official transcript of high school / college grades be submitted.
5. A **SIGNED** copy of the family 2007 Income Tax Return filed by April 15, 2008 **MUST** accompany the enclosed application and **WILL NOT BE RETURNED**.
 - * FOR THOSE WHO ARE SUBMITTING INCOME TAX RETURNS BY E-FILE YOU MUST SEND A PRINTED COPY OF YOUR SUBMISSION WITH YOUR **SIGNATURE** ON IT.
 - * FOR THOSE SUBMITTING INCOME TAX RETURNS BY TELEFILE YOU MUST SUBMIT A **SIGNED** COPY OF YOUR TELEFILE TAX RECORD.
 - * SIGNED COPIES OF "**DRAFT**" INCOME TAX RETURNS WILL NOT BE ACCEPTED.

All of the above references and required support material "**MUST**" be mailed postmarked on or before **MAY 1, 2008** to:

**LRGH Auxiliary Scholarship Committee, Lakes Region General Hospital
80 Highland Street, Laconia, NH 03246**

It is the **RESPONSIBILITY OF THE APPLICANT** to make certain that the completed application, required documents, and **three** references have been sent postmarked no later than May 1, 2008. The LRGH Auxiliary Scholarship Committee **will not notify you** if your application is incomplete and **will not consider your application** if all required documents are not received as directed. Applicants who will receive an award will be notified by the Auxiliary Committee by the end of May 2008.

REMEMBER: This application becomes complete and valid only when the following have been submitted and postmarked on or before MAY 1, 2008

1. A completed student application.
2. **Signed** copy of family 2007 income tax return filed by April 15, 2008.
3. Official Transcript of high school / college grades.
4. Written statement (question # 9)
5. Three (3) references
6. Include a copy of your college / graduate program / certification program letter of acceptance.

10. Other scholarships, grants, and loans you are seeking or have been awarded for the next academic year. (Please include a copy of your financial aid package)

	<u>AMOUNT SOUGHT</u>	<u>AMOUNTED GRANTED</u>
A. PELL GRANT	\$ _____	\$ _____
B. SEOG (Supplemental Ed. Opportunity Grant)	\$ _____	\$ _____
C. STAFFORD LOAN	\$ _____	\$ _____
D. PERKINS LOAN (NDSL: Nat'l Direct Student Loan)	\$ _____	\$ _____
E. OTHER: _____	\$ _____	\$ _____

11. Total outstanding EDUCATIONAL LOANS already owed by applicant: \$ _____

12. Estimated expenses for the school year. Please give amounts listed in the current catalog of college for the school year beginning September, 2007.

A. TUITION & FEES	\$ _____
B. ROOM & BOARD	\$ _____
C. TEXTBOOKS	\$ _____
D. YOUR ESTIMATED PERSONAL COSTS / YEAR (clothes, insurance, transportation, spending money)	\$ _____
TOTAL COST: (Add lines A through D)	\$ _____

13. How much do you plan to contribute toward the **2008-09** school year? \$ _____

14. How much of a contribution will you receive from parents/family? \$ _____

15. Do you currently contribute to your own expenses? ___Yes ___No If yes, amount? \$ _____
(clothes, medical, insurance, transportation)

Explain: _____

16. Do you contribute to the family income? ___Yes ___No If yes, amount? \$ _____

Explain: _____

17. Are you a declared dependent on your parent/s tax return? ___Yes ___No

18. What savings do you have? \$ _____

19. Do you receive Veterans / SSI educational benefits? ___Yes ___No

If yes, how much per month (include only the student benefits from GI bill and Dependent Educational Assistance Program. Do not include VA Contributory benefits)

\$ _____

20. List your participation in high school / college, work related, church or community based teams, clubs, activities or services that are most important to you.

21. Describe your work experience for the last three years, listing your most recent employment, type of position, approximate number of hours worked each week and total earned at each job.

Position: _____ Employment date/s _____ Hrs./Wk. _____ Total Earnings \$ _____

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Position: _____ Employment date/s _____ Hrs./Wk. _____ Total Earnings \$ _____

Position: _____ Employment date/s _____ Hrs./Wk. _____ Total Earnings \$ _____

22. Please report any unusual family or personal circumstances you feel warrant attention:

23. If applicant is a high school senior:

APPLICANT RANKS # _____ IN A CLASS OF _____ TOTAL STUDENTS

SIGNATURE OF: _____ DATE: _____

Principal / Guidance Counselor

24. IF IN COLLEGE, CUMULATIVE GRADE POINT AVERAGE: _____
(Please include the most recent transcript / document from the college verifying the GPA)

**** THE AUXILIARY SCHOLARSHIP COMMITTEE WILL ONLY CONSIDER A STUDENT WITH A
MINIMUM GPA OF 2.50 ****

2008
CONSENT FOR RELEASE OF INFORMATION

WARNING: Any missing documents and / or required information not postmarked or received by the deadline date will result in your application being eliminated for scholarship fund consideration.

THE APPLICANT IS RESPONSIBLE TO MAKE CERTAIN THAT ALL DOCUMENTS, WHICH MUST ACCOMPANY HIS/HER APPLICATION, ARE SENT AND HAVE BEEN POSTMARKED NO LATER THAN MAY 1, 2008.

Certification: All of the information contained in this form are 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 Auxiliary.

" I HEREBY WAIVE ANY CONFIDENTIALITY WITH RESPECT TO SUCH INFORMATION INSOFAR AS THE LAKES REGION GENERAL HOSPITAL AUXILIARY SCHOLARSHIP COMMITTEE IS CONCERNED, SINCE IT IS MY UNDERSTANDING THAT THE INFORMATION WILL BE USED SOLELY FOR THE EVALUATION OF MY APPLICATION FOR SCHOLARSHIP AND NO OTHER PURPOSE."

Applicant's Signature	Date
Parent / Guardian's Signature (if applicable)	Date

YOUR COMPLETED APPLICATION MUST BE RETURNED TO THE DIRECTOR OF VOLUNTEER SERVICES, LAKES REGION GENERAL HOSPITAL, 80 HIGHLAND ST. , LACONIA, NH 03246, AND BE POSTMARKED NO LATER THAN MAY 1, 2008, IN ORDER TO BE ELIGIBLE FOR CONSIDERATION.

YOUR APPLICATION CHECKLIST

** IN SUPPORT OF THIS APPLICATION, I HAVE COMPLETED AND ENCLOSED **

_____ The student application	_____ Written statement (Question # 9 on application)
_____ SIGNED copy of 2007 Income Tax Return filed for 4/15/08	
_____ Three (3) references	_____ Official Transcript of grades

Please make sure all required documents including all three references have been mailed on or before May 1, 2008. Once committee review begins, any application missing all required documents will not be considered.

THE CONTENTS OF THE APPLICATION WILL NOT BE RETURNED TO THE APPLICANT. Applicants who will receive an award will be notified by the Auxiliary Committee by the end of May 2008.

2008 PARENT / SPOUSE / APPLICANT STUDENT INFORMATION
IF APPLICANT IS UNMARRIED, UNDER THE AGE OF 21 AND A DECLARED DEPENDENT

1. Parent or Legal Guardian's Name: _____

2. Permanent mailing address (if different from applicant)

Street City State Zip

3. Phone number: _____

4. Father's place of employment: _____ Job held: _____

5. Mother's place of employment: _____ Job held: _____

6. Parent's marital status is:
 ___ Married ___ Legally separated ___ Divorced ___ Single ___ Widowed

7. If separated or divorced: Is the parent listed above the custodial parent? ___ yes ___ no ___ joint

Are child support payments currently being received for the student? ___ yes ___ no

Custodial parent's legal address: _____
 street city state zip

8. The total size of parent's household during the coming year (include student even if he/she does not live at home). Number in household is _____. List dependent children, indicating ages and who, if any are now attending college. *It would be helpful but not required if the parent indicates loan debt already owed by parent for children in college.*

<u>Child</u>	<u>Age</u>	<u>College/Program Attending</u>	<u>Educational loan/s owed (optional)</u>

ALL OTHER APPLICANTS:

9. Current marital status: ___ married ___ legally separated ___ divorced ___ single

If married: Spouse's name: _____ Phone number _____

Spouse's place of employment _____ Job held: _____

If separated / divorced: Are you a custodial parent? ___ yes ___ no If yes, do you receive child support? _____

10. Are you currently employed? ___ yes ___ no

If yes, place of employment? _____ Job held _____

11. The total size of your household during the coming year. Number in household _____. List all dependent children, indicating ages and who, if any are now attending college. Indicate any loan debt already owed by you for your children. *Indicating loan debt is helpful but strictly optional.*

<u>Child</u>	<u>Age</u>	<u>College/Program attending</u>	<u>Educational loan/s owed (optional)</u>

2008

Lakes Region General Hospital Auxiliary Scholarship Application

TEACHER RECOMMENDATION / WORK SUPERVISOR RECOMMENDATION

DEADLINE: MAY 1, 2008

Name of Applicant: _____
First Middle Last

Has applied for Lakes Region General Hospital Auxiliary Scholarship assistance. The Auxiliary awards scholarships to eligible students planning to pursue a degree or certification in a medical / health related field. Your completely candid estimate of the student's academic performance, intellectual promise, and individual qualities of character will help the Scholarship Committee in making final selections. All information you provide will be held strictly in confidence. We thank you for your cooperation.

Name of School / Employer: _____

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.

(Date)

(Print Name)

(Signature)

(Title / Position)

(Mailing address of School, Business, Individual)

(Telephone)

RETURN ON OR BEFORE MAY 1, 2008, TO:

The LRGH Auxiliary
c/o Scholarship Committee
Lakes Region General Hospital
80 Highland St.
Laconia, NH 03246

(Date)

(Print Name)

(Signature)

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