

**2019**  
**Lakes Region General Hospital Auxiliary**  
**SCHOLARSHIP APPLICATION**

This scholarship is **restricted** to LRGHealthcare employees, immediate family members of employees, and volunteers entering a medical/health field. 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.

**APPLICATION DEADLINE: May 1, 2019**

**How Scholarship Recipients Are Selected:**

1. Complete and accurate scholarship application
2. Financial need
3. Academic record/transcript (**minimum GPA for consideration 3.0**)
4. Extracurricular activities, including special honors, employment, volunteer and community service, etc.
5. Student's plans/needs

**Scholarship Checklist**

- Completed Application**, answering all questions and using N/A for not applicable
  - Goals and Aspirations Statement**
  - Three (3) References with Complete Information**
    - Teacher
    - Work Supervisor
    - Other: Community Service Leader, Volunteer project/program, etc.
- NOTE: Immediate family members or relatives are not acceptable references***
- Official School Transcript (Minimum GPA 3.0)**
  - Financial Information (this information will NOT be returned)**
    - Copy of completed FAFSA including Student Aid Report (SAR)
    - SIGNED copy of family/individual 2018 Income Tax Return (will **NOT** be returned to applicant)
      - E-file Returns – send a printed copy of your submission with a **signature**
      - Telefile Returns – submit a **signed** copy of Telefile Tax Record
      - “Draft” Income Tax Returns will **NOT** be accepted
  - Letter of Acceptance from School**

**Application and required supporting documentation must be postmarked  
on or before May 1, 2019.**

**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

I am:

- Employee of LRGHealthcare. My employee # \_\_\_\_\_
- Immediate Family Member of LRGHealthcare Employee or Volunteer
- Name of Employee: \_\_\_\_\_ Relationship: \_\_\_\_\_
- Teen Volunteer or CSI (Caring Student Intern) Participant

## APPLICANT DATA

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

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

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

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

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

## 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 plan to attend in 2019/2020.  
**Use official school name. Do not use abbreviation.**

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

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

I will be enrolled full-time for the 2019/2020 academic year Yes No

I will be enrolled part-time for the 2019/2020 academic year Yes No

In 2019/2020, 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 amounts earned at each job.

Employer/Position	From – Mo/Yr	To – Mo/Yr	Hours per Week	Amount 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 educational goals and aspirations in less than 100 words.

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**UNUSUAL CIRCUMSTANCES** Please report any unusual family or personal circumstances you feel warrant mentioning:

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**FINANCIAL WORKSHEET**

	Amount Pending	Amount Granted
PELL Grant	\$	\$
SEOG (Supplemental Ed. Opportunity Grant)	\$	\$
Stafford Loan	\$	\$
Perkins Loan (NDSL: Nat'l Direct Student Loan)	\$	\$
Other:	\$	\$
<b>Totals</b>	\$	\$

School Expenses		Contributions	
Tuition and Fees	\$	Total outstanding educational loans owed by applicant	\$
Room and Board	\$	How much do you plan to contribute toward 2019/2020 school year expenses?	\$
Textbooks	\$	How much of a contribution will you receive from parents/family?	\$
Personal Costs per Year (clothes, insurance, transportation, spending money)	\$		
<b>Total Cost:</b>	\$		

Do you currently contribute to your own expenses? Yes No If yes, amount? \$\_\_\_\_\_

Explain \_\_\_\_\_

Do you contribute to the family income? Yes No If yes, amount? \$\_\_\_\_\_

Explain \_\_\_\_\_

Are you a declared dependent on your parent/s tax return? Yes No

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) \$\_\_\_\_\_

*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 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 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, 2019.**

**Lakes Region General Hospital Auxiliary Scholarship Application**  
**TEACHER RECOMMENDATION/WORK SUPERVISOR RECOMMENDATION**

**DEADLINE: MAY 1, 2019**

**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 by May 1, 2019**  
**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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