January 28, 2020

Dear Guidance Department:

On behalf of the Wing Memorial Hospital Auxiliary, I am pleased to announce the offering of a one-year scholarship in the amount of **$1000** to students planning to enter the healthcare field. Examples of careers that will be considered are: nursing, medicine, physical therapy, occupational therapy, radiology, pharmacy, medical technology as well as other healthcare related fields.

Students from the following secondary schools are eligible to apply for this scholarship. At the discretion of the Auxiliary’s Scholarship Committee, one recipient will be chosen from each school.

* Palmer High School
* Monson High School
* Belchertown High School
* Minnechaug High School
* Ludlow High School
* Pathfinder Regional-Vocational-Technical High School
* Ware High School

Enclosed are applications along with a cover sheet explaining the scholarship process for your review and distribution to potential applicants.

Applications must be postmarked or emailed to me by March 31, 2020.

The Wing Memorial Hospital Auxiliary is pleased to be able to assist qualifying students in furthering their education in the healthcare field. Thank you for your assistance with this process. If you have any questions or need more applications please feel free to contact me via email.

413-794-5959.

Sincerely,

Teresa Grove

Auxiliary Vice President

[teresa.grove@baystatehealth.org](mailto:teresa.grove@baystatehealth.org)

Check school:

Palmer  Monson  Ludlow  Belchertown  Minnechaug  Pathfinder  Ware

Applicant: Tel. #:

Mailing

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Colleges/Universities you have been notified of acceptance - list in order of your choice:

|  |  |  |
| --- | --- | --- |
|  | College/University | Estimated Annual Cost |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

Please provide the following information:

1. What medical field/profession are your committing to:

1. List three goals you aspire to achieve related to the medical field/medical profession you have chosen:


5. Why do you feel you deserve to be awarded this scholarship? (100 words or less)

Applicant:

**ACTIVITIES SHEET**

Check Applicable

School Year

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Volunteer/Community Service - Medical related** | **9** | **10** | **11** | **12** |
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| **Volunteer/Community Service - Other** | **9** | **10** | **11** | **12** |
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| **Awards** | **9** | **10** | **11** | **12** |
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| **Club/Group Activities/Sports** | **9** | **10** | **11** | **12** |
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1. List any work experience:

Employer Position/Job Dates of Employment

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| --- | --- | --- |
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Applicant:

Please enclose the following with your application submission. **Any incomplete or missing information will automatically disqualify the application.**

This Application

Transcript (obtain from Guidance Department)

Two letters of recommendation (***not* *from*** a relative)

Small photograph (passport size preferred)

Must be mailed and **postmarked by March 31, 2020** to:

Teresa Grove – Development Office

**Attn: Auxiliary Scholarship Applications**

Baystate Wing Hospital

40 Wright St.

Palmer, MA 01069-1138

**OR**

Email the complete package to [teresa.grove@baystatehealth.org](mailto:teresa.grove@baystatehealth.org) by **March 31, 2020**

*If chosen as a scholarship recipient, I give permission to Wing Memorial Hospital Auxiliary, Incorporated to use my photograph for publication.*

Applicant’s Signature:

**If Applicant is under 18 years of age, a parent or legal guardian must sign below:**

By signing above, I certify I am the parent or legal guardian of the Applicant named above, and if this Applicant is a chosen recipient, I hereby give my permission to use the photograph provided for Auxiliary Scholarship publication purposes.

|  |
| --- |
| Attach photograph here |

*Wing Memorial Hospital Auxiliary, Incorporated does not discriminate based on race, color, sex, religion, national origin, sexual orientation, or disability.*