

2024 NVRH SCHOLASTIC ACHIEVEMENT AWARD

PLEASE READ BEFORE FILLING OUT THE APPLICATION:

TO THE APPLICANT:

Please note that this application is for those students who qualify to apply for one of the awards being offered.

GUIDELINES: Students must be entering a course of study within the healthcare field with a full-time student status of 12 credit hours or more, per semester.

Students must indicate if they are applying for one of the two types of Awards being offered: Award to a person entering first year of study; or Award to a person entering third or fourth year of study. The Auxiliary will plan on awarding two (2) \$1,000 awards and three (3) \$2,500 awards.

Applications will not be considered unless they contain all the required information.

Applications must be at the front desk of Northeastern Vermont Regional Hospital by 4:00 p.m. on the Thursday, 13th of March, 2024

Please return completed applications to:

Pat Forest, Director
Volunteer Services & HEO
Northeastern Vermont Regional Hospital
P.O. Box 905
St. Johnsbury, Vermont 05819

Should you have further questions, please contact either your Guidance Counselor or

Beulah McGinnis
802-748-2155
911 Higgins Hill Road
St. Johnsbury, Vermont 05819

NORTHEASTERN VERMONT REGIONAL HOSPITAL AUXILIARY SCHOLASTIC ACHIEVEMENT AWARD

2024 APPLICATION

Check One _____ High School Senior _____ Second or Third Year College Student

NAME _____ DATE OF BIRTH _____

ADDRESS _____ TEL. NO. _____

NAME OF PARENTS _____

FATHER'S OCCUPATION _____ MOTHER'S OCCUPATION _____

HIGH SCHOOL _____ YEAR OF GRADUATION _____

SCHOOL COUNSELOR/COLLEGE

ADVISOR _____

EXTRACURRICULAR ACTIVITIES (include offices held): _____

ARE YOU RELATED TO A NVRH EMPLOYEE OR VOLUNTEER?: YES NO NAME: _____

HONORS/AWARDS RECEIVED _____

COMMUNITY INVOLVEMENT _____

EMPLOYMENT EXPERIENCE _____

CAREER GOAL: _____

COLLEGE ATTENDING: _____

ADDRESS: _____

DATE OF ENTRANCE: _____ CREDIT HOURS: _____

EXPECTED MAJOR: _____

ARE YOU APPLYING FOR FINANCIAL AID/OTHER SCHOLARSHIPS: YES NO If yes, please list: _____

PLEASE INCLUDE WITH APPLICATION: --Unofficial transcript of high school grades through first semester of senior year, or current year's first semester grades for current college students.

--Brief printed essay describing how/why you selected this career

--Two (2) letters of recommendation written specifically for this award.

Date: _____ Signature: _____

RETURN No later than 3/13/24 no later than 4pm.

TO: Pat Forest, Director

Hospital Entrance Operations/Volunteer Services

Northeastern Vermont Regional Hospital

1315 Hospital Drive

St. Johnsbury, VT 05819