

2025 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, 27<sup>th</sup> of March, 2025.

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**

**2025 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 3/27/25 no later than 4pm.**

TO: Pat Forest, Director  
Hospital Entrance Operations/Volunteer Services  
Northeastern Vermont Regional Hospital  
1315 Hospital Drive  
St. Johnsbury, VT 05819