

# **The Westerly Hospital Auxiliary**

## **Year 2024 Scholarship Application**

The Westerly Hospital Auxiliary Scholarship was established in 1973 in order to provide post-secondary **scholarship assistance to individuals seeking education or training for a career in any area of human health care.** In 1999, the Mary C. Pucci Scholarship was added; this scholarship will give preference to candidates who plan to work most directly with patients.

### **Eligibility Requirements**

- Applicant must be a resident of Westerly, Stonington, North Stonington, Charlestown, Richmond, or Hopkinton.
- Applicant can be a graduating senior in high school, or have already graduated.
- Applicant must be pursuing an education related to a health career field.

### **Application Procedure**

The following supporting materials **must** be submitted along with a completed application form:

- A copy of your FASSA SAR report.
- A typed essay of about 150 words describing what health career you have decided to pursue, and why.
- The official transcript from your high school or college.
- Two letters of recommendation, preferably one from your school and one from the community. Please do not send more than the two letters requested.

### **Selection Criteria**

The scholarship committee considers academic achievement, financial need, career goals and school and community involvements when making its decisions. All applicants will be notified of the committee's decisions.

### **Deadline**

Completed applications with all attachments must be **received by April 18, 2024**

Please submit your application on single-sided pages **ONLY**.

The application package should be returned to your High School Guidance Office, or mailed to The Westerly Hospital Foundation Office, 25 Wells St, Westerly, RI 02891

## The 2024 Westerly Hospital Auxiliary Health Career Scholarship Application

Your career choice \_\_\_\_\_

### A. Student Information

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Name: \_\_\_\_\_  
first last gender

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

city state zip

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Present High School or College \_\_\_\_\_

To which schools/programs have you applied: \_\_\_\_\_

_____	_____
_____	_____
_____	_____

Please circle the ones to which you have been accepted.

Which school/program have you chosen to attend \_\_\_\_\_

**If you are a Dependent Child:**

Parent, stepparent or guardian A: \_\_\_\_\_  
name

Occupation \_\_\_\_\_

Where employed \_\_\_\_\_

Parent, stepparent or guardian B: \_\_\_\_\_  
name

Occupation \_\_\_\_\_

Where employed \_\_\_\_\_

**If you or your spouse is a Head of Household:**

Your occupation \_\_\_\_\_

Where employed \_\_\_\_\_

Your Spouse's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Where employed \_\_\_\_\_

**Number of persons living in your household** \_\_\_\_\_

**Dependent siblings: Please list name, age, school or college attending for each.**

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**B. Academic Information:**

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Activities: List only major community and high school or college activities in which you have participated during the last three years.

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Honors, awards, special achievements: List only major honors, awards, special achievements received in the last three years.

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Work Experience: List any paid work experience you have had in the last three years.

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List health career related experiences: hospital volunteer, other community service, or employment.

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List any other major hobbies or interests not included in the above categories:

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### C. Financial Information

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Family's adjusted gross income \$ \_\_\_\_\_

Anticipated Expenses for the Year:

Anticipated Resources for the Year:

Tuition \_\_\_\_\_

Family Contribution \_\_\_\_\_

Room and Board \_\_\_\_\_

Savings/earnings \_\_\_\_\_

Books/Supplies \_\_\_\_\_

Financial Aid/Scholarships \_\_\_\_\_

Travel \_\_\_\_\_

Other sources \_\_\_\_\_

Total \_\_\_\_\_

Total \_\_\_\_\_

Are there any unusual circumstances about which the committee should be informed?

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