Four (one year) scholarships will be awarded by The Harrington Hospital Auxiliary in June of 2018. Each scholarship will be in the amount of $2,000.

Applicants must be planning to pursue a career in Healthcare and must be accepted into an accredited Healthcare Program.

To be eligible, applicants must reside in one of the communities served by Harrington Hospital (Brimfield, Brookfield, Charlton, Douglas, Dudley, East Brookfield, Holland, North Brookfield, Oxford, Palmer, Southbridge, Spencer, Sturbridge, Wales, Warren, Webster, West Brookfield, Quinebaug, CT, Thompson CT, and Woodstock CT).

An Applicant must be identified as one of the following:

1. A student who is graduating from an area high school in 2018.
2. An individual who has already graduated from an area high school and who has not been a previous recipient of a Harrington Hospital Auxiliary Scholarship.
3. An individual who has received a high school graduate equivalency diploma (G.E.D.).
4. An individual who has been home educated and who has met all high school graduation criteria as set forth by their local School Board.

Any person who is an employee or a relative of an employee of Harrington Hospital and affiliations who meets the above criteria is eligible to apply.

COMPLETED APPLICATION PACKETS MUST INCLUDE:

_____ A current TRANSCRIPT of your high school or college record, including grades, grade point average, and rank in class (when applicable).

_____ PSAT, SAT I or II, ACT scores, or other pertinent standardized test scores.

_____ A personal (student written) ESSAY (on a separate sheet) describing why you wish to further your education in the field of Health Care.

_____ TWO letters of reference. We request one letter from a faculty member, guidance counselor, or other school personnel. The second letter should be written by an individual who knows you from the workplace, church, organization, or volunteer organization.
THE HARRINGTON HOSPITAL AUXILIARY
2018 SCHOLARSHIP APPLICATION

Fill out the application completely. Type or print, using black ink.

Applicant Information
Name ___________________________ Date of Birth ___________________________
Home Address ____________________ Town ________________________________
Telephone _________________________
High School ______________________ Date of graduation ____________________
Name of father, guardian, husband (circle one) ________________________________
His occupation __________________________________________________________
Name of mother, guardian, wife (circle one) _________________________________
Her occupation __________________________________________________________
Ages of siblings or children (circle one) _____________________________________
Institute(s) of higher learning siblings/children attend __________________________

Career Information and College Applications (list schools/colleges to which you have applied)
What health care career do you intend to pursue: ________________________________
School/college applications Accepted 1. _________________________________________
   Yes___ No___ Have not heard___
   2. ___________________________________________ Yes___ No___ Have not heard___
   3. ___________________________________________ Yes___ No___ Have not heard___
   4. ___________________________________________ Yes___ No___ Have not heard___
When do you plan to begin your studies (or when did you start)? __________________
Approximate annual cost of your higher education
Tuition ________________________ Housing ___________________ Fees _______________
Financial Information
(List all grants, scholarships, financial aid, and other monies you have received to date toward expenses)

___________________________________________________ $________________________
___________________________________________________ $________________________
___________________________________________________ $________________________
___________________________________________________ $________________________

High School /Community/Professional Activities (attach an additional sheet if necessary-sign and date)

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<tr>
<th>Name of Activity</th>
<th>From - To</th>
<th>Office Held/Award Given (If any)</th>
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Work Experience

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All scholarship applications must be received or postmarked by APRIL 2, 2018 or hand delivered to Harrington Hospital Volunteer Service Department no later than April 5, 2018 to be considered by the Harrington Hospital Auxiliary Scholarship Committee.

*****REMINDER*****

ITEMS LISTED BELOW MUST BE INCLUDED IN HARRINGTON HOSPITAL AUXILIARY APPLICATION PACKET:

- CURRENT TRANSCRIPT
- PSAT, SAT I or II, ACT SCORES
- PERSONAL ESSAY
- TWO LETTERS OF REFERENCE

MAIL/DELIVER COMPLETED APPLICATION PACKETS TO:
Harrington Auxiliary Scholarships c/o Harrington Hospital
Volunteer Office, ATTN: Kelly
100 South Street, Southbridge, MA 01550