



Alice Hyde Medical Center

AUXILIARY

Auxiliary Scholarship Application

Applicants must be planning to pursue a course of study in healthcare and live in an area served by AHMC or a graduating student of Brushton-Moira, Chateaugay, Malone, Northern Adirondack, St. Regis Falls, or Salmon River Central Schools.

There are two types of scholarships:

1. Highschool graduate starting their first year of study in a healthcare profession. \$500 award distributed in June.
2. Students who have successfully completed one or more years of study and are continuing their education in a healthcare profession. \$1,000 award distributed in June.

Completed applications must include the following:

1. Cover letter describing your financial need, your reason for choosing this healthcare profession, your career goals, and a list of current and former extracurricular activities.
2. One recent letter of reference.
3. Current official school or college transcript.

Mail your completed application before May 1st to:

Alice Hyde Medical Center Auxiliary
Mary Tatro, Auxiliary President
133 Park Street
Malone, NY 12953

Please email mtatro@alicehyde.com with any questions.

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133 Park Street, Malone, NY 12953 | (518) 481-2395 | UVMHealth.org/AHMC

Auxiliary Scholarship Application

CONFIDENTIAL

Name of Applicant _____

Address _____

Email _____ Home Phone _____ Cell Phone _____

Employer and occupation (if applicable) _____

List any volunteer or paid experience you have had with AHMC or any other medical facility _____

Current High School/College _____

College you will be, or are currently attending _____

List your major field of study _____

Have you received acceptance from the college? _____ or are you in academic good standing and continuing in college? _____ If yes, what is your current GPA? _____

What is the estimated cost of the college you plan to attend? Tuition \$ _____
Room and Board \$ _____

Have you received or expect to receive, any scholarships or financial aid? _____ If yes, please write down from whom, the amount and number of years you expect to receive support _____

Parent/Guardian/Spouse Name _____

Parent/Guardian/Spouse Employer(s) _____

Adjusted gross family income as listed on income tax form \$ _____

Will your family assist with financial expenses? _____

Ages of siblings/children who are dependents in family (excluding self) _____

Will any other family member be in college next year? _____

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Please list two references:

Name _____

Relationship to applicant _____

Address _____

Email _____ Phone _____

Name _____

Relationship to applicant _____

Address _____

Email _____ Phone _____

Applicant Signature _____ Date _____

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