

## **HERBERT AND HARRIET PARIS HEALTH CAREER SCHOLARSHIP**

APPLICATION FOR GRADUATING HIGH SCHOOL SENIORS & NON TRADITIONAL STUDENTS

DEADLINE: **MARCH 15TH**

The Mid Coast Hospital Auxiliary raises money through various fundraisers as well as the Mid Coast Hospital Auxiliary Gift Shop. These funds are used for vital Mid Coast Hospital projects as well as health career scholarships for local area students. Each year the Auxiliary awards multiple, one-time scholarships to graduating high school seniors and non-traditional students completing post-high school education.

To be eligible, applicants must pursue education at an accredited institution, and they must major in a program that will lead to a healthcare career. For more information about requirements, restrictions, and deadlines, please visit [www.midcoasthealth.com/auxiliary](http://www.midcoasthealth.com/auxiliary)

### **INSTRUCTIONS TO THE APPLICANT**

Download and complete the attached application, which is available as a fillable PDF at [www.midcoasthealth.com/auxiliary](http://www.midcoasthealth.com/auxiliary). If you require more space, you may attach additional sheets. Return the completed application and essay to the high school guidance counselor, giving sufficient time before the **March 15th** deadline so the guidance office can process your application. For non-traditional students, please submit your application to [MCHA.Scholarships@gmail.com](mailto:MCHA.Scholarships@gmail.com).

### **INSTRUCTIONS TO THE GUIDANCE/COUNSELING OFFICE**

Ensure the application package includes all of the following:

- Completed application
- Applicant's essay
- Transcript
- Letter of recommendation from employer, teacher, guidance counselor, or mentor who is not a relative

All materials are due to the Mid Coast Hospital Auxiliary via email at [MCHA.Scholarships@gmail.com](mailto:MCHA.Scholarships@gmail.com) no later than **March 15th**. Omissions or late receipt will disqualify the application. Please email any questions to the Mid Coast Hospital Auxiliary Scholarship Committee at [MCHA.Scholarships@gmail.com](mailto:MCHA.Scholarships@gmail.com). Additionally, if the applicant's choice of school changes, please email the Scholarship Committee immediately.

**FINAL SUBMISSIONS**  
**MARCH 15TH**

# HERBERT AND HARRIET PARIS HEALTH CAREER SCHOLARSHIP

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## PERSONAL INFORMATION

Applicant's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State & ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

## HIGH SCHOOL INFORMATION

High School Attended: \_\_\_\_\_

Indicate the highest level of school completed: \_\_\_\_\_

Guidance Counselor/email: \_\_\_\_\_

Please indicate the date, time, and location of the high school award ceremony at which scholarship presentations will be made.

Ceremony date, time, and location: \_\_\_\_\_

## EXTRACURRICULAR ACTIVITIES (PLEASE INDICATE IF YOU HELD AN OFFICE)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## HONORS & AWARDS

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## COMMUNITY OR VOLUNTEER ACTIVITIES

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## EMPLOYMENT HISTORY & FINANCIAL INFORMATION

Employer	Type of Work	Dates

Current Employer: \_\_\_\_\_

Position/Department: \_\_\_\_\_

Are you eligible for education reimbursement from your employer? ☐ Yes ☐ No

If yes, please indicate the limit per year: \_\_\_\_\_

Please list the amount of other scholarships, financial aid, grants, discounts, or reimbursements you receive. \_\_\_\_\_

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## SCHOLARSHIPS

Please list scholarships, financial aid, grants, loans, or discounts for the upcoming school year.

Scholarship/Aid	Applied?	Received?	Amount	Loan?
1.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

## COLLEGE/UNIVERSITY INFORMATION

Please list the college, university, or other educational institution you plan to attend. Indicate the name of the school and the mailing address of its financial aid office.

School Name: \_\_\_\_\_ Accepted ☐ Pending ☐

Mailing Address: \_\_\_\_\_

School Website: \_\_\_\_\_

Intended Degree: \_\_\_\_\_

If your intended major requires admittance to a program in addition to general admittance to the school, have you been so admitted? Yes ☐ No ☐

If no, explain: \_\_\_\_\_

Intended Degree: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

Occupational Goal: \_\_\_\_\_

Please list approximate annual costs for each of the following.

Tuition: \_\_\_\_\_ Room & Board: \_\_\_\_\_ Books & Fees: \_\_\_\_\_

## ESSAY

Attach to this application a brief essay explaining why you wish to receive the Mid Coast Hospital Auxiliary Herbert and Harriet Paris Health Career Scholarship. Discuss the course of study or major you intend to pursue, why you chose it, your proposed occupation or profession, and your long-range goals. Include any pertinent information that has not been covered elsewhere.

FINAL SUBMISSIONS  
**MARCH 15TH**