

## 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 at [www.midcoasthealth.com/auxiliary](http://www.midcoasthealth.com/auxiliary). If you require more space, you may attach additional pages. All high school applications must be submitted by their high school guidance office - and it is the applicant's responsibility to allow ample time for processing the application by the deadline of **March 15th**.

For non-traditional students, please submit your application and essay to:  
[mcha.scholarships@gmail.com](mailto:mcha.scholarships@gmail.com). All official transcripts and letters of recommendation must be emailed directly from schools and references 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.

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## PERSONAL INFORMATION

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

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

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

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

## EDUCATION INFORMATION (ALL APPLICANTS)

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

College Attended (if any): \_\_\_\_\_

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

## HONORS & AWARDS

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

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

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

## COMMUNITY OR VOLUNTEER ACTIVITIES

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

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

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

## HIGH SCHOOL INFORMATION (H.S. ONLY)

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; H.S. ONLY)

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

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

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

## EMPLOYMENT HISTORY

Employer	Type of Work	Dates

## HAVE YOU EVER WORKED AT MAINE HEALTH? (ALL APPLICANTS)

If so, please list the dates and positions here: \_\_\_\_\_

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## **SCHOLARSHIPS (ALL APPLICANTS)**

Please list all scholarships, financial aid, grants, loans and 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 (ALL APPLICANTS)**

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

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

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

Intended Degree & Major: \_\_\_\_\_

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

## **ESSAY**

Please attach a brief essay to this application explaining the course of study or major you intend to pursue, why you chose it, your proposed occupation or profession and your long-term goals. Please describe your unique strengths, abilities and any pertinent information that has not been covered elsewhere.

**DUE BY  
MARCH 15TH**