

THE HARRINGTON HOSPITAL AUXILIARY 2025

SCHOLARSHIP APPLICATION

Five (one year) scholarships will be awarded by The Harrington Hospital in June of 2025. **Each scholarship will be in the amount of \$3000.00.**

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

To be eligible, applicants must reside in one of the communities served by Harrington Hospital (Brimfield, Brookfield, Charlton, Dudley, East Brookfield, Holland, North Brookfield, Oxford, Southbridge, Spencer, Sturbridge, Wales, Warren, Webster, West Brookfield, 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 2025.
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.
5. 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 2025 SCHOLARSHIP APPLICATION

Applicant Information

Name _____ Date of Birth _____
Home Address _____ Town _____ St. _____
Phone Number _____
High School _____ Date of Graduation _____

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)

Work Experience

Type of work, Place of Employment, Dates employed, Wages earned

IMPORTANT DEADLINE DATES AND MAILING INFORMATION

All scholarship applications must be received by The Harrington Hospital Auxiliary Scholarship Committee by April 1st, 2025.

Items listed below **must** be included in the application packet:

1. Completed application
2. 2024-2025 (or most current) transcript
3. SAT and/or ACT scores
4. Personal essay
5. Two letters of reference

Mail/Deliver completed application packet to:

Harrington Hospital Auxiliary Scholarship Chairperson
C/O Harrington Hospital
Volunteer Office, ATTN: Kelly
100 South Street
Southbridge, MA 01550