

WING MEMORIAL HOSPITAL AUXILIARY

Check school:

☐ Palmer ☐ Monson ☐ Ludlow ☐ Belchertown ☐ Minnechaug ☐ Pathfinder ☐ Ware

Applicant: _____

Cell tel. #: _____

Mailing

Address: _____

Email address: _____

Colleges/Universities you have been notified of acceptance - list in order of your choice:

	College/University	Estimated Annual Cost
1.		
2.		
3.		

Please provide the following information:

1. What medical field/profession are you pursuing?

2. List three goals you aspire to achieve related to the medical field/medical profession you have chosen:

a. _____

b. _____

c. _____

3. Why do you feel you deserve to be awarded this scholarship? (100 words or less)

WING MEMORIAL HOSPITAL AUXILIARY

Applicant: _____

ACTIVITIES SHEET

Check Applicable
School Year

Volunteer/Community Service - Medical related (optional in 2024)	9	10	11	12
Volunteer/Community Service – Other (optional in 2024)	9	10	11	12
Awards	9	10	11	12
Club/Group Activities/Sports (optional in 2024)	9	10	11	12

4. List any work experience:

Employer	Position/Job	Dates of Employment

WING MEMORIAL HOSPITAL AUXILIARY

Applicant: _____

Please enclose the following with your application submission. **Any incomplete or missing information will automatically disqualify the application.**

- ☐ This Application
- ☐ Transcript (obtain from Guidance Department)
- ☐ One letter of recommendation (***not from*** a relative)
- ☐ Photograph (if possible)
- ☐ Must be emailed by **April 12, 2024**

Email **ALL** the required information in **ONE** email to: teresa.grove@baystatehealth.org and be sure to note in the email subject line **"Auxiliary Scholarship."**

If chosen as a scholarship recipient, I give permission to Wing Memorial Hospital Auxiliary, Inc. to use my photograph for publication.

Applicant's Signature: _____

If Applicant is under 18 years of age, a parent or legal guardian must sign below:

By signing above, I certify I am the parent or legal guardian of the Applicant named above, and if this Applicant is a chosen recipient, I hereby give my permission to use the photograph provided for Auxiliary Scholarship publication purposes.

Attach photograph here

Wing Memorial Hospital Auxiliary, Incorporated does not discriminate on the basis of race, color, sex, religion, national origin, ethnicity, sexual orientation, gender expression or disability.