



## Herb Paris Health Career Scholarship

APPLICATION FOR GRADUATING HIGH SCHOOL SENIORS

Extended Deadline: **May 15, 2020**

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 \$40,000 in renewable scholarships.

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. The Auxiliary does not fund pre-med or biology majors. For more information about requirements, restrictions, and deadlines, please visit [midcoasthealth.com/auxiliary/scholarships](http://midcoasthealth.com/auxiliary/scholarships).

### Instructions to the Applicant

Download and complete the attached application, which is available as a fillable .PDF at [midcoasthealth.com/auxiliary](http://midcoasthealth.com/auxiliary). If you require more space, you may attach additional sheets. Return the completed application and essay to your high school guidance counselor, leaving sufficient time before the extended May 15 deadline so the guidance office can process your application.

### Instructions to the Guidance Office

Ensure the application package includes all of the following:

- Completed application
- Applicant's essay
- High school transcript
- Letter of recommendation from an employer, teacher, guidance counselor, or other mentor who is not a relative

All materials are due to the Mid Coast Hospital Auxiliary **no later than May 15**. Omissions or late receipt will disqualify the application. Please mail all materials to:

Mid Coast Hospital Auxiliary  
ATTN: Scholarship Committee  
121 Medical Center Drive, Box 3  
Brunswick, ME 04011

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.

**Mid Coast Hospital Auxiliary Herb Paris Health Career Scholarship**  
APPLICATION FOR GRADUATING HIGH SCHOOL SENIORS

**Personal & Family Information**

Applicant's Name:			
Home Address:			
City, State & ZIP:			
Email:		Phone:	
Parent #1's Name:		Parent #2's Name:	
Parent #1's Address:		Parent #2's Address:	
Parent #1's Phone:		Parent #2's Phone:	
Parent #1's Email:		Parent #2's Email:	
Parent #1's Occupation:		Parent #2's Occupation:	
Please list your siblings, including names, ages, and indicate if they currently attend college.			
1.			<input type="checkbox"/> In college
2.			<input type="checkbox"/> In college
3.			<input type="checkbox"/> In college
4.			<input type="checkbox"/> In college

**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:		<input type="checkbox"/> Accepted <input type="checkbox"/> Pending
Mailing Address:		
School Website:		
Major/Field of Study:		
Intended Degree:		
Graduation Year:		
Occupational Goal:		
Please list approximate annual costs for each of the following.		
Tuition:		Room & Board: <input type="checkbox"/> Books & Fees: <input type="checkbox"/>

**Mid Coast Hospital Auxiliary Herb Paris Health Career Scholarship**  
APPLICATION FOR GRADUATING HIGH SCHOOL SENIORS

**High School Information**

School Name:	
School Address:	
Phone:	
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:	
Ceremony Location:	

**Extracurricular Activities**

Please list any high school organizations, clubs, sports, or activities you participated in. If you held an office, please indicate.

1.
2.
3.

**Honors and Awards**

1.
2.
3.

**Community or Volunteer Activities**

1.
2.
3.

**Employment History**

Employer	Type of Work	Dates

**Essay**

Attach to this application a brief essay explaining why you wish to receive the Mid Coast Hospital Auxiliary Herb 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 where you see yourself five years after completing your degree or program. Include any pertinent information that has not been covered elsewhere in this application.

\_\_\_\_\_  
Signature or Digital Signature of Applicant

\_\_\_\_\_  
Date