

**NOYES HEALTH AUXILIARY SCHOLARSHIP APPLICATION**

***Please complete the information, in the order listed, and typed in your own format***

**1) NAME, ADDRESS** and **TELEPHONE NUMBER**

**2) NAMES OF PARENTS OR GUARDIANS**

**3) BIRTHDATE**

**4) HIGH SCHOOL ( Name, Address, Telephone Number, Counselor Name)**

**5) CLASS RANK**

**6) GRADE POINT AVERAGE (3 ½ yr average OR 7 Semesters)**

**7) COLLEGE CREDIT CLASSES**

**8) HIGH SCHOOL ACTIVITIES AND OFFICES HELD**

**9) AWARDS AND HONORS RECEIVED WHILE ATTENDING HIGH SCHOOL**

**10) COMMUNITY INVOLVEMENT AND OFFICES HELD**

**11) OTHER HOBBIES AND INTERESTS**

**12) WORK EXPERIENCE**

**13) NAME AND ADDRESS OF COLLEGE OR UNIVERSITY YOU PLAN ON ATTENDING**

**14) CAREER YOU PLAN TO ENTER**

***Please give serious planning and thought when answering the following question in an essay format. Make sure to include specific examples and details to support your thoughts.***

***15) WHY ARE YOU PLANNING A CAREER IN THE AREA OF HEALTH OR MEDICINE and***

 ***WHAT IMPACT DO YOU SEE YOURSELF MAKING IN THE AREA YOU HAVE***

 ***SELECTED?***

***16*) *YOUR SIGNATURE and DATE***

**Please send the completed application, a recommendation letter from your School Counselor, a letter of recommendation from someone who knows you well, and an official transcript, with coursework planned for the entire senior year, postmarked by February 9, 2018 to:**

Auxiliary Scholarship Chairperson

Noyes Health

111 Clara Barton Street

Dansville, NY 14437-9527