



AUXILIARY SCHOLARSHIP APPLICATION

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

- 1) **NAME, ADDRESS, TELEPHONE NUMBER, and EMAIL ADDRESS**
- 2) **NAMES OF PARENTS OR GUARDIANS, and TELEPHONE NUMBER**
- 3) **BIRTHDATE**
- 4) **HIGH SCHOOL (Name, Address, Telephone Number, Counselor Name & Email)**
- 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 **electronically** send your completed application and a recommendation letter from someone who knows you well (teacher, coach, neighbor, or boss) to your school counseling office by **March 1, 2023**.

- ❖ Please ask your school counselor to write you a letter of recommendation, and provide an official transcript, with coursework planned for the entire senior year. **Remember to give your counselor appropriate time to write his or her recommendation letter.**

- ❖ When you email your part to the counseling office, your counselor will add his or her part and email your completed application packet to the Noyes Health Auxiliary Scholarship Chairperson by the due date of **March 10, 2023**.

Please make sure you have provided ALL information requested. If your application is incomplete, it will not be considered.