THE University of Vermont HEALTH NETWORK
Alice Hyde Medical Center

THE UNIVERSITY OF VERMONT HEALTH NETWORK –
ALICE HYDE MEDICAL CENTER
133 Park Street
Malone, New York 12953

HUGUETTE MACDONALD MEMORIAL SCHOLARSHIP APPLICATION

A scholarship fund has been established in the memory of Huguette MacDonald. One-Thousand Dollars ($1,000.00) will be disbursed each year to a high school graduate pursuing a career in nursing. The recipient will be chosen based upon financial need, quality of application and essay, strength of recommendation, and academic performance. The chosen recipient will be notified in June. The scholarship award may only be used toward tuition, books, fees, supplies or equipment necessary for the recipient's education.

Directions for Application:

1. Completed application form (attached). Please be sure to complete all pages of the application. Remember to sign the application on the very last page. Incomplete applications will not be considered.
2. A one-page essay describing the applicant's financial need, extra-curricular activities, community activities and career goals, including why the applicant is pursuing a career in nursing.
3. One letter of recommendation sealed in an envelope. The recommendation form is included with this application. Please note that your recommendation must come from someone, other than a family member, who is personally acquainted with you.
4. An official high school transcript and, if applicable, transcript of any completed college courses.
5. Photocopy of an acceptance letter from an accredited nursing program of which you intend to enroll in for the fall semester. If you have not yet received an acceptance letter, and you are chosen as the recipient for the scholarship, you will be required to produce an acceptance letter before you may receive the scholarship funds.
6. Applications must be received no later than May 1. Late and/or incomplete applications will not be considered. Applications should be submitted to the following address: The University of Vermont Health Network - Alice Hyde Medical Center, Attn: Auxiliary, 133 Park Street, Malone, New York 12953. If you have any questions about the application process, please call Chantelle Marshall at 481-2794 at The University of Vermont Health Network - Alice Hyde Medical Center.

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APPLICATION FORM
HUGUETTE MACDONALD MEMORIAL SCHOLARSHIP

Name: _____ Date of Birth: _____

Address: _____

High School: _____ Home Phone: _____

A. Family Information:

Father's Name:_____ Occupation: _____

Address (if different from above): _____

Employer: _____

Mother's Name: _____ Occupation:_____

Address (if different from above): _____

Employer: _____

Total number of siblings who are dependents: _____

Number of family members currently enrolled in a higher education program: _____

B. Financial Information:

What was your parents' combined income for the last calendar year? _____

Please list any jobs you have held during the past year (including previous summer employment): _____

_____

_____

Amount of applicant's savings: _____

Do you plan to find employment this summer to assist in educational expenses? _____

Please indicate any circumstances concerning your family's financial situation that might be pertinent to this application: _____

_____

_____

Is your family planning to assist you financially with your education?_____

What is the approximate cost of the college you plan to attend?
Tuition:_____ Room and Board:_____

C. Applicant Information:

Please list any volunteer or paid experiences you have had with The University of Vermont Health Network - Alice Hyde Medical Center or any other medical facilities/entities: _____
_____
_____
_____

Colleges/Programs applied to: _____
_____
_____

Colleges/Programs accepted to: _____
_____
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D. Reference Information:

Please provide the names, addresses and phone numbers of three references (only one name can be a family member):

Name:_____Phone:_____
Address:_____
Relationship to you: _____

Name:_____Phone:_____
Address:_____
Relationship to you: _____

Name:_____Phone:_____
Address:_____
Relationship to you: _____

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CONFIDENTIAL RECOMMENDATION ON CANDIDATE FOR HUGUETTE MACDONALD MEMORIAL SCHOLARSHIP

Recommendation for: _____
Name of individual providing the recommendation: _____
How long and in what capacity have you known the applicant? _____
_____

Please provide a candid written recommendation for the above-named applicant, attesting to the applicant's character and/or general qualifications for this scholarship. Descriptions of significant actions, accomplishments and personal qualities are particularly helpful. (If necessary, please attach additional sheets of paper)

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Dated: _____ _____
Signature

THE University of Vermont HEALTH NETWORK
Alice Hyde Medical Center

*Please return this recommendation to the student in a sealed envelope, with your signature across the seal.
By signing below, I hereby certify that the information set forth in this application is, to the best of my knowledge, correct and true.

Dated: _____ _____
Print Name of Applicant

_____
Signature of Applicant

I have read this application. I hereby certify that the information contained herein is correct and submitted with my approval.

Dated: _____ _____
Print Name of Parent/Guardian

_____
Signature of Parent/Guardian

(For Committee Use Only)

Date Received:_____
Committee Chair:_____
Notification Sent:_____
Date:_____