The Auxiliary at The Hospital of Central Connecticut (HOCC), New Britain Campus

Auxiliary Scholarship ($1,000)

For High School Seniors pursuing education in health field

Visit our website www.thocc.org

The Auxiliary at The Hospital of Central Connecticut (HOCC), New Britain campus, has established a Scholarship for high school seniors pursuing education in a health-care related field. Our Auxiliary is one of the oldest in the United States. It was organized in 1899 by local women and was first called “The Women’s Hospital Board” – known today as The Auxiliary at The Hospital of Central Connecticut, New Britain campus. The Auxiliary continues as a viable part of the fabric of HOCC. Two major fundraisers are held, a Golf Tournament and the Crysanthemum Ball, with each one targeted to support major gifts to the hospital. Two Auxiliary run Gift Shops, “The Wishing Well” at the New Britain campus and “Simple Comforts” at the Cancer Institute, add to the monies the Auxiliary can support.

Who Can Apply?
This scholarship is restricted to High School Seniors accepted into an accredited college or university and residing in:

Berlin, Kensington, New Britain, Newington, Plainville or Southington.

How Are Students Selected?
Selection will be made on the basis of:

- Academic Ability (top 15% of class)
- Extracurricular Activities
- Previous Volunteer Experience

Who Selects Award Recipients?
A selection committee, comprised of persons with training and experience in interpreting school records, will identify students to be considered for awards. After careful review of each candidate’s application, scholastic records and other required supporting information, the committee will make a final decision.
When Will Awards Be Announced?
Recognition awards will be announced in May. Applications are available at high school guidance offices, online at www.thocc.org/services/auxiliary and from the Volunteer Services Department at:

The Hospital of Central Connecticut
New Britain General Campus
100 Grand Street, P.O. Box 100
New Britain, CT 06050-0100

Application Instructions
We are pleased with your decision to explore career opportunities within the health care field. To apply for this scholarship, candidates must include a personal essay highlighting why they want to go into the health field.

If you have any questions regarding the enclosed application materials or process, please contact The Hospital of Central Connecticut (New Britain Campus) Volunteer Services Department at (860) 224-5231. Completed applications and all subsequent material should be mailed to:

Volunteer Services Department
The Hospital of Central Connecticut
New Britain Campus
P.O. Box 100
New Britain, CT 06050-0100

Procedures
An application packet consists of the application, transcript(s) and recommendations. The selection committee will review only those application packets that have been postmarked by April 1, 2021. Applicants will be notified in writing of the final selection decision.

Transcripts
It is the applicant’s responsibility to request that an official transcript of grades from the high school he or she is currently attending, as well as from any other high school attended, be sent directly to the HOCC Volunteer Department at the above address. If currently taking courses that are not shown on the transcript, please include a list of those courses with the application.

Recommendations
Three (3) written recommendations are required. Teachers with whom the applicant has studied, a guidance counselor or school principal, or supervisor if volunteering, may complete and return the recommendations to the HOCC Volunteer Department at the above address.

For your convenience, a sample reference form is included which may be duplicated if desired.
Scholarship Application Form

Please Type or Print Clearly

Personal Information
Name ____________________________________________
  Last                                     First          Middle
Address ____________________________________________
  Street                                  City          State          Zip          Telephone

Please designate a parent or guardian, who may be contacted about your application, if we are unable to reach you.

Name: ____________________________________________ Relationship: ________________________________
Address: ____________________________________________ Telephone: ________________________________

Are you a U.S. Citizen  0 Yes  0 No

Program Information
Do you plan to specialize in a particular area of the health field? __________________________________________
If so, please describe: __________________________________________
________________________________________________________________________
____________________________________________________________________

Academic Information
Please list all high schools attended. One official transcript must be sent directly from each of the institutions listed below to the Volunteer Department, The Hospital of Central Connecticut, New Britain General Campus, P.O. Box 100, New Britain, CT 06050-0100.

<table>
<thead>
<tr>
<th>Name of High School &amp; Location</th>
<th>Dates Attended Mo./Yr. To Mo./Yr.</th>
<th>Expected Date of Graduation</th>
<th>Current Grade</th>
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List extracurricular activities: __________________________________________
________________________________________________________________________
List any honors, awards or commendations received: __________________________________________
________________________________________________________________________

Volunteer History
Please list all volunteer experiences
Employment History
Are you currently employed?  
 Yes   No
If so, how many hours per week? ________________________________
Please list name and address of employer along with job title

<table>
<thead>
<tr>
<th>Company Name &amp; Location</th>
<th>Dates of Employment</th>
<th>Job Title</th>
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Family History
Father’s Name: ____________________________________________________________
Address ____________________ Town ______________ State ______ Zip _______
Place of Employment ___________________________________________________
Occupation ______________________________________________________________

Mother’s Name: __________________________________________________________
Address ____________________ Town ______________ State ______ Zip _______
Place of Employment ___________________________________________________
Occupation ______________________________________________________________

Number of Children in Family____________________________________________
Number of Children in College____________________________________________

Recommendations:
Three (3) written recommendations are required.

The Auxiliary at The Hospital of Central Connecticut (HOCC), New Britain Campus - Auxiliary Scholarship
Essay
Please write an essay of 100-125 words describing your reason for pursuing a career in the health field.

__________________________________________________________________________

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The Auxiliary at The Hospital of Central Connecticut (HOCC), New Britain campus - Auxiliary Scholarship
Letter of Recommendation For: ______________________________

Name of Student

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Printed Name: ____________________________ Position: _________________

Signature: ________________________________ Date: ___________________

Length of time I have known the student: ______________________________________

Application and required materials must be postmarked by April 1, 2021.
The information provided in my application is, to the best of my knowledge, complete and accurate. I understand that false statements on this application may disqualify me from receiving this scholarship.

I also understand that if I am selected to receive this scholarship I am required to appear at the Hospital of Central Connecticut (New Britain Campus) to receive this recognition and *photo opportunity and to express my thanks and appreciation to the HOCC Auxiliary for this award.

*Do you give permission for your name and/or picture to be used in a news release concerning these scholarships? ( ) Yes ( ) No

__________________________________________________________ Date___________
Student signature

__________________________________________________________ Date___________
Signature of parent or legal guardian (if student is under age 18)