

The Hospital of Central Connecticut

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

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

- θ Academic Ability (top 15% of class)
- θ Extracurricular Activities
- θ 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*

	First		Middle	
Address				
Street	City	State	Zip Tele	phone
Please designate a parent or ire unable to reach you.	guardian, who	o may be contacted a	about your applicati	on, if we
lame:		Relationship:		
Address:		Telephone:		
Are you a U.S. Citizen	θ Yes	θ No		
Program Information Do you plan to specialize in a	particular are	ea of the health field	?	
f so, please describe:				
Academic Information Please list all high schools att of the institutions listed below New Britain General Campus,	w to the Volun	iteer Department, Th	e Hospital of Centra	
Please list all high schools att of the institutions listed below	w to the Volun , P.O. Box 100	iteer Department, Th	ne Hospital of Centra 050-0100. Expected Date of	

Volunteer HistoryPlease list all volunteer experiences

Organization Name & Location	Dates of Service	Volunteer Job Title
Employment History		
Are you currently employed?	0 105	
If so, how many hours per week?		
Please list name and address of employer	along with job title	
Company Name & Location	Dates of Employment	Job Title
Family History		
Father's Name:		
Address Town	State	Zip
Place of Employment		
Occupation		
Mother's Name:		
AddressTown	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.

The Auxiliary at The Hospital of Central Connecticut (HOCC), New Britain campus - Auxiliary Scholarship

Letter of Recommendation For:	Name of Children			
	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 a	application is, to the best of my knowle	dge, complete and		
accurate. I understand that fals	se statements on this application may d	isqualify me from		
receiving this scholarship.				
I also understand that if I am sel	lected to receive this scholarship I am r	equired to appear at the		
Hospital of Central Connecticut (New Britain Campus) to receive this red	cognition and *photo		
opportunity and to express my thanks and appreciation to the HOCC Auxiliary for this award.				
*Do you give permission for you	r name and/or picture to be used in a n	ews release concerning		
these scholarships? ()	Yes () No			
		Date		
Student signature				

_____ Date _____

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