The Auxiliary at The Hospital of Central Connecticut (HOCC), New Britain General Campus
Auxiliary Scholarship ($1,000)

For High School Seniors or College Students Pursuing an Education in the Allied Health Field

The Auxiliary at The Hospital of Central Connecticut (HOCC), New Britain General Campus: Visit our website www.thocc.org

The HOCC Auxiliary at New Britain General, has established a scholarship for high school seniors and/or college students pursuing an education in the Allied Health 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 Hospital of Central Connecticut, Auxiliary at New Britain General. The Auxiliary continues as a viable part of the fabric of HOCC. Two major fundraisers are held, a Golf Tournament and the Muntini Mixer, each targeted to support major gifts to the hospital. Two Auxiliary run Gift Shops, "The Wishing Well" at the New Britain General Campus and "Simple Comforts" at the Cancer Institute, add to the monies donated to the hospital by the Auxiliary.

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

Who Can Apply?
This scholarship is available to high school or college students attending an accredited college or university and residing in:
Berlin, Kensington, New Britain, Newington, Plainville or Southington.
**Application Instructions**

We are pleased with your decision to explore career opportunities within the Allied Health Field. *To apply for this scholarship, candidates must include a personal essay highlighting why they wish to go into the medical field.*

If you have any questions regarding the enclosed application materials or process, please contact The Hospital of Central Connecticut (New Britain General 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 General 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, 2022**. 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/college he or she is currently attending, as well as from any other 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

Phone number _____________________ Email address _____________________

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 Allied Health? ______________________

________________________________________________________________________

To what colleges have you been accepted and have you decided which school you will attend?

________________________________________________________________________

________________________________________________________________________

**Academic Information**

Please list all high schools/colleges 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/College &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 or attach extracurricular activities: _________________________________________

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________________________________________________________________________

List or attach any honors, awards or commendations received: ______________________

________________________________________________________________________
**Volunteer History**
Please list or attach all volunteer experiences

<table>
<thead>
<tr>
<th>Organization Name &amp; Location</th>
<th>Dates of Service</th>
<th>Volunteer Job Title</th>
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</table>

**Employment History**
Are you currently employed?  
θ Yes  θ 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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</table>

**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 General Campus - Auxiliary Scholarship

Essay

Please write or attach an essay of 100-125 words describing your reason for pursuing a career in the Allied 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 __________________________________________

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Application and required materials must be postmarked by April 1, 2022.

Printed Name: ________________________________ Position: ________________________________

Signature: ________________________________ Date: ________________________________

Length of time I have known the student: ________________________________
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 may be invited to The Hospital of Central Connecticut to receive this recognition and participate in a photo opportunity with representatives from the Hospital’s Auxiliary.

_________________________________________________________  Date_________  
Student signature

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