



# Hartford HealthCare

## The Hospital of Central Connecticut

### **The Auxiliary at The Hospital of Central Connecticut (HOCC), New Britain campus Joan Barton Scholarship (\$1,000)**

For High School Seniors pursuing education in Mental Health/Social Work field

*The Auxiliary at The Hospital of Central Connecticut (HOCC), New Britain campus*  
Visit our website [www.thocc.org](http://www.thocc.org)

Joan Barton was a member in good standing in the HOCC Auxiliary for several years. She was bright, caring and very hardworking. While married with three children, she pursued a degree in Speech Therapy. Joan worked in the Berlin Public School system. Later on she went on to earn a Master's Degree in Social Work. She shared her new learnings in many settings where she was totally invested in her patients and able to help so many. Joan Barton was loved by all!

#### **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](http://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 Mental Health/Social Work field. ***To apply for this scholarship, candidates must include a personal essay highlighting why they want to go into the Mental Health/Social Work 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 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, 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  Yes  No

### Program Information

Do you plan to specialize in a particular area of the mental health/social work 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.

Name of High School & Location	Dates Attended Mo./Yr. To Mo./Yr.	Expected Date of Graduation	Current Grade

List extracurricular activities: \_\_\_\_\_

\_\_\_\_\_

List any honors, awards or commendations received: \_\_\_\_\_

\_\_\_\_\_

### Volunteer History

Please list all volunteer experiences

Organization Name & Location	Dates of Service	Volunteer Job Title

### 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

Company Name & Location	Dates of Employment	Job Title

### 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 \_\_\_\_\_



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**The Auxiliary at The Hospital of Central Connecticut (HOCC), New Britain campus/Joan Barton 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)