The Auxiliary at The Hospital of Central Connecticut (HOCC), New Britain campus
Kathleen E. Boudreau Scholarship ($1,000)

- For High School Seniors Pursuing Nursing Careers

Visit our website www.thocc.org

Kathleen Ebbít Boudreau was born in Ireland in 1919 and grew up in Long Island, New York. She married I.G. “Mike” Boudreau and had twin daughters (Marleen and Michele) before relocating to New Britain. Kathleen completed her LPN degree at Hartford Hospital and worked in New Britain convalescent homes for several years. Kathleen volunteered at New Britain General Hospital during the 1970’s and 1980’s.

In addition to her love of children, cooking, sewing and reading were life-long hobbies. She devoted her life to caring for others, exhibiting her deep empathy for those who were ill or in distress.

It is in her memory that her daughter established this scholarship through the Auxiliary at The Hospital of Central Connecticut, New Britain campus.

Who Can Apply?
This scholarship is restricted to High School Seniors residing in:

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

How Are Students Selected?
Selection will be made on the basis of:
- Academic Ability
- Personal Qualities (character, responsibility and leadership)
- Extracurricular Achievements
- Previous Volunteer Experience
- Need

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 nursing 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, 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 nursing area?
________________________________________________________________________
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>
</tr>
</thead>
</table>


List extracurricular activities:__________________________________________________________

List any honors, awards or commendations received:____________________________________

**Volunteer History**
Please list 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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</tbody>
</table>

**Employment History**
Are you currently employed? 0 Yes 0 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/Kathleen Boudreau Scholarship**

**Essay**

Please write an essay of 100-125 words describing your reason for pursuing a nursing career.

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The Auxiliary at The Hospital of Central Connecticut (HOCC), New Britain campus/Kathleen Boudreau 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)