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

Julia L. LaGasse Scholarship ($1,000)

For High School Seniors pursuing an education in the Allied Health Field

Julia L. LaGasse was a lifelong Bristol resident and worked at Bristol Federal Savings & Loan, Wallace Barnes, and Superior Electric Credit Union. She was a devoted parishioner of St. Francis de Sales Parish. Julia was a beloved aunt to many nieces and nephews and a firm believer in the value of a good education.

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

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
To apply for this scholarship, candidates must include a personal essay highlighting why they want to go into the Allied Health 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 he or she is currently attending, as well as from any other high schools 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 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 in the Allied Health Field?

__________________________________________

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

__________________________________________________________________________

__________________________________________________________________________

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 or attach extracurricular activities:

__________________________________________________________________________

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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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

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<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 General Campus/Julia L. LaGasse 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 General Campus/Julia L. LaGasse Scholarship

Letter of Recommendation for: ____________________________________________

Name of Student

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Printed Name: ____________________________________________ Position:____________________

Signature: ____________________________________________ Date: _______________________

Length of time I have known the student: ______________________________

Application and required materials must be postmarked by April 1, 2022.
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 (New Britain Campus) 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)