Phyllis Visnauskas was a long-time volunteer at The Hospital of Central Connecticut as well as in the greater New Britain community. Phyllis graduated from nursing school in Wilmington, DE, where she met her future husband, Dr. John Visnauskas. The Visnauskas family relocated to Connecticut and settled in the New Britain/Newington area. In addition to raising her three daughters, she was very active in her local community. Phyllis taught nursing students at New Britain High School, served as President of the Board of CCARC, Treasurer of the New Britain Women’s Club, and was a member of the Women’s Committee of the New Britain Museum of American Art. She also was involved with the Suburban Women’s Club and the Junior League of New Britain. Phyllis began volunteering at the Hospital (New Britain General) in 1981. Before she passed away, she had volunteered for 39 years/6,000 hours. She was a member of The Hospital of Central Connecticut Auxiliary Board and served as President, Treasurer, and Gift Shop volunteer and welcomed patients, family members and visitors while volunteering at the front desk. She was always with a smile and commitment to volunteerism.

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:
① Academic Ability
② Personal Qualities (character, responsibility and leadership)
③ Extracurricular Achievements
④ Previous volunteer experience, preferably in healthcare field

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.

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  θ Yes  θ No

Program Information
Do you plan to specialize in a specific health care major?

__________________________________________

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>
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</tbody>
</table>

List extracurricular activities:_____________________________________________________

__________________________________________________________________________

List any honors, awards or commendations received:________________________________

__________________________________________________________________________

Volunteer History
Please list all volunteer experiences
### 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

<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.

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**The Auxiliary at The Hospital of Central Connecticut (HOCC), New Britain campus/Phyllis Visnauskas Memorial Scholarship**
Essay

Please write an essay of 100-125 words describing your reason for pursuing a career in health care:

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The Auxiliary at The Hospital of Central Connecticut (HOCC), New Britain campus/Phyllis Visnauskas Memorial 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, 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)