



Hartford HealthCare

The Hospital of Central Connecticut

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

- For High School Seniors with an interest in the healthcare field and a history of volunteerism

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

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:

- ⊖ Academic Ability
- ⊖ Personal Qualities (character, responsibility and leadership)
- ⊖ Extracurricular Achievements
- ⊖ 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.

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

When Will Awards Be Announced?

Recognition awards will be announced in May. Applications are available at high

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 Yes 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.

| 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

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)