2025

LITTLETON REGIONAL HEALTHCARE
AUXILIARY SCHOLARSHIP APPLICATION

To be eligible for one of the LRH AUXILIARY SCHOLARSHIPS, the applicant MUST:

1. Have attended one of the following high schools: Lin-Wood, Lisbon, Littleton, Profile or White Mountains Regional.
2. Be sincerely interested in pursuing a healthcare career.
3. Have been accepted by an accredited post-secondary school or college that offers training in healthcare.
4. Demonstrate a need for financial assistance.
5. Be in good standing academically.
6. To collect the scholarship, you must successfully complete your first semester with a minimum of a C or better.

In order to help the Scholarship Committee make the best possible selection from among all candidates, the applicant should answer ALL questions and submit with the application additional requested information. Except for the name of the recipients, school to be attended and course of study, all other personal information will be kept confidential.

Please print legibly when answering the following questions

1. _____

Name (first, middle, last)

2. _____

Home address Telephone

3. _____

Email address (optional)

4. _____

What school do you plan to attend

5. Have you been formally accepted? Yes _____ No _____

6. List the annual expenses at this school. (Information must be taken from the school catalog).

$	$	$
Tuition	Room/Board	Books
$	$	$
Travel	Personal	Total

7. _____

Parent 1/Guardian 1

_____

Employer/Position

8.

Parent 2/Guardian 2

Employer/Position

9. Parent/Guardian current marital status

10. Please provide the Expected Family Contribution (EFC) amount provided at the completion of the FAFSA document process.

EFC: _____

Please include printed page with this information.

11. Additional information-please provide the amount of tuition assistance you will receive from:

Parent 1/Guardian 1	Parent 2/Guardian 2
Scholarship/grants	Other sources

Further explanation:

12. List the names of family/household members attending post-secondary school programs and designate from whom any/all aid is received (a) Parent/guardian 1, (b) Parent/guardian 2, (c) Scholarship/Grants, (d) Other and explain:

Name	Status	Location
Name	Status	Location
Name	Status	Location
Name	Status	Location
Name	Status	Location

Explanation

13. Please list all family member living at home and ages

14. Please explain any unusual financial situations in your immediate family:

15. Please list your employment plans for this summer (company/organization)

16. $

I plan to earn the listed amount over the summer

17. Did you participate as a Junior Volunteer at Littleton Regional Healthcare:

Yes No Number of years

18. Explain/describe your experience as a volunteer:

19. Have you participated as a volunteer in any other health related area or capacity?

Yes No Number of years

Explain/describe your experience as a volunteer:

20. Participation as a volunteer in any community projects or activities (other than health field)?

Yes No Number of years

Explain/describe your experience as a volunteer:

21. Please list your past employment (part-time and summer)

22. $

I anticipate that my financial contribution toward my first year of college will be

23. On a separate sheet of paper, please list any awards you have received and/or studies you have experienced that have greatly benefited your plans for a future in the healthcare field.

24. On a separate sheet of paper, write a statement, not to exceed 500 words, about your proposed program of study and eventual career goals. If your intended career is not directly related to healthcare, please provide justification for its connection to the healthcare field in your statements.

In order for you to be considered for this scholarship—<u>Here is a checklist that must be completed</u>:

1. _____Completed application.
2. _____Enclosed a list of awards/studies you have experienced that have greatly benefited your plans.
3. _____Enclosed a personal statement regarding proposed program of study and eventual career goals.
4. _____Included your Expected Family Contribution (EFC) provided at the completion of the FAFSA document process.
5. _____Enclosed two-character references. One from a school employee and a second from someone other than a family member.
6. _____Enclosed a copy of your high school transcript.
7. _____Enclosed a copy of your college acceptance letter.
8. _____ Be a United States Citizen
9. _____Optional you can submit a copy of your current resume.

Applicant's Signature/Date

Parent's signature to attest this information is correct.

Completed application must be POSTMARKED by
Friday, April 25, 2025

Carrie Way, RN
Case management
Littleton Regional Healthcare
600 St. Johnsbury Rd
Littleton, NH 03561