

**The William W. Backus Hospital Auxiliary
Annual Merit Scholarship**

Using a minimum pool of \$10,000, The William W. Backus Hospital Auxiliary will award at least two scholarships to qualified applicants.

To be eligible, an applicant must:

1. Be an employee or volunteer at The William W. Backus Hospital, or the child, grandchild, stepchild or foster child of same.
2. Be a high school graduate by June of this current academic year, or a high school graduate, or a former scholarship winner, or a previous applicant.
3. Enroll in an accredited post-secondary school.
4. Plan to pursue study in a health-related field.
5. File an application between January 15 and the last Friday in March before 5:00 p.m. Applications are available online at backushospital.org and in the Backus Hospital Gift Shop.
6. Provide all required credentials (official transcript, letters of reference, essay).
7. Appear before the Scholarship Committee for a personal interview.
8. Agree to verify to the Scholarship Committee how the grant has been used.

***All received applications remain the property
of The William W. Backus Hospital Auxiliary
and cannot be returned.***

**Annual Merit
Auxiliary Scholarship**

A P P L I C A T I O N

Please type or print legibly.

Name: _____

Email: _____

_____ **What is the best time of day to reach you?**

Phone number: (_____) _____ [home]

Phone number: (_____) _____ [cell]

Address:

City: _____ State: _____ ZIP _____

High school attended: _____ Year of graduation: _____

Guidance counselor's name:

Name of Backus Hospital employee:

Relationship to employee (*circle one*): Self Child Grandchild Other:

Address of employee
(if different from above):

List jobs you held as a student:

List the post-secondary schools to which have you applied:

Where have you been accepted?

Indicate what your field of study will be:

List awards or honors received:

List community activities or services in which you have been involved:



List three references (your guidance counselor must be the first reference):

<i>Name and address</i>	<i>Position</i>
<hr/> <hr/> <hr/> <hr/>	Guidance Counselor School: <hr/>
<hr/> <hr/> <hr/> <hr/>	<hr/>
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This form must be completed in its entirety and be accompanied by:

- Transcript** of most recent grades
- Letters of recommendation** from the above-listed references
- A **personal statement** of approximately 300 words stating why you should be selected for this scholarship

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Send all the information in a single envelope to:

The William W. Backus Hospital
Auxiliary Scholarship Committee
c/o Auxiliary President/Gift Shop
326 Washington St.
Norwich, CT 06360

Applicant's signature: _____ Date: _____

Rev: 12/2014