The Backus Hospital Commemorative Auxiliary Scholarship 2023

The Backus Hospital Commemorative Auxiliary Scholarship was established as a one-time award to support Backus colleagues and dependents of Backus colleagues including current or past participants of the Backus Junior Volunteer Bridge program who are furthering or pursuing a career in health management or other healthcare related roles.

Eligibility
Applicants must be a dependent of a Backus colleague, current or past participant of the Backus Junior Volunteer Bridge program or a Backus colleague including volunteers. Recipients of HHC Tuition Reimbursement are ineligible for this scholarship.

And:
1. Demonstrate need and merit through application and personal statement (300 words max)
2. Be a high school graduate or a high school graduate by June of this current academic year
3. Enroll in an accredited post-secondary school
4. Plan to pursue study in a health-related field
5. File application and personal statement by **4:30pm, May 19, 2023.**
   Applications are available online at https://backushospital.org/AuxiliaryScholarship and at the Backus Hospital Gift Shop.
6. Provide proof of your academic standing and GPA, transcripts are suggested.

Selection
The Backus Hospital Commemorative Auxiliary Scholarship committee selects up to five scholarship recipients based on a variety of criteria including academic persistence, community involvement and services, career interest and financial need. All applicants will be notified in writing of the committee’s decision by early-June.
Disbursement
Scholarship checks ($2,000) can be made payable to individuals or to the bursar’s office at identified school**.

*Completed applications should be in a single envelope and can be hand delivered to the Backus Hospital Gift Shop or by mail:*

Backus Hospital Commemorative Auxiliary Scholarship
Backus Administration
326 Washington Street
Norwich, CT 06360

Or by email to: Rebecca.Durham @hhchealth.org

* Backus colleagues include those who are employed by Backus Hospital or primarily work/volunteer in the Backus region. To be eligible Backus colleagues must be in good standing, employed for more than 6 months and budgeted to work at least 36 hours per week. Part-time or per diem colleagues are not eligible for this scholarship.

** Payments for Backus colleagues will be made payable to the bursar’s office only, not to individuals.
Name: ___________________________________________________________

Email: ___________________________________________________________

Phone number: (_____ ) _______ [H] Phone number: (_____ ) _______ [C]

Address: ___________________________________________________________________

City: _____________________________ State: _____ ZIP _____________

High school attended: _____________________________ Graduation Year: ______

College you are attending or plan to attend: ________________________________

Expected graduation Year: _____________

Field of Study: ________________________________________________________

Name of Backus Hospital colleague: ________________________________

Relationship to Backus colleague (circle one): Self or Dependent

Your Household’s Reportable Income: __________________________

Number of dependents in household attending college or in tuition-based schools: (including self) ________________

List other financial support received for education plans.
List jobs you have held as a student.

List awards/honors you have received.

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

Please attach a Personal Statement (300 words max).