



Waldo County General Hospital
MaineHealth

SCHOLARSHIP GUIDELINES

Waldo County General Hospital Scholarships will be awarded to students enrolled in undergraduate programs leading to careers in a health care related field which include, but are not limited to the following: Nursing, Laboratory, Radiology, Surgical Technicians, Pharmacy Technicians, Therapy Services and Medical Records Coding/Transcription.

Eligibility Requirements:

The applicant must meet the following criteria:

- **A high school graduate (or GED).**
- **A resident of Waldo County, an employee of Waldo County General Hospital or a child/spouse of an employee.**
- **Accepted to a school of higher learning and accepted into an accredited health care related program. If not accepted prior to completing this application, the applicant has until April 16, 2021 to provide this information.**
- **Submission of a completed "Application for Health Care Scholarship" (attached).**
- **Demonstrate a need for financial assistance.**

Applications:

- **Application period: January 1 – March 31, 2021**
- **Incomplete applications will not be considered.**

Disbursements:

- **Scholarship awards are announced prior to June 1st of each year.**
- **Scholarships will be paid directly to the school upon receipt of a transcript of grades showing *successful completion of the first semester and proof of enrollment in the second semester.**

Return Completed Applications to:

Scholarship Committee
Attn: Kimberly Ward, Administration
Waldo County General Hospital
118 Northport Avenue, P. O. Box 287
Belfast, Maine 04915

*Successful completion is to maintain a 2.5 grade point average (GPA).



Waldo County General Hospital
MaineHealth

Contact Person: Kimberly Ward, Scholarship Coordinator

Tel: (207) 505-4102

E-mail: klward@wcgh.org

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2021 – 2022

Application for Health Care Scholarship

PERSONAL INFORMATION

(Please type or print clearly)

**Required Question*

Name*	Telephone*
Mailing Address (Street name and # and/or P.O. Box #)*	Town of Residence*
Zip Code*	Email Address*
Date of Birth	Are you a military veteran? ___ Yes ___ No
Affiliation with Waldo County or Waldo County General Hospital*	

EDUCATION HISTORY

Name of Last School Attended* _____

Graduation Year _____ Cumulative Grade Point Average* _____ Class Standing ___ out of ___

SAT Scores Math _____ Verbal _____

Extracurricular activities (school and/or community) _____

FINANCIAL INFORMATION:

(If you are currently under the age of 24, you must include your parents' income and the Estimated Family Contribution (EFC) from your FAFSA application. Incomplete applications will not be considered.)

Current marital status (circle one)* Single Married Separated Divorced Widowed

Total number of dependents (including yourself)* _____

List all dependent children*

Name	Age	Grade in School	Name of college, if enrolled

With whom do you live? Myself ___ Myself and Dependents ___ Parent(s) ___ Spouse ___ Other ___

From last year's federal tax return, Line 7, Form 1040, 1040A or 1040EZ Total Household Gross Income* \$ _____

If you did not file, please explain. _____

Are there any significant changes in your income since your income tax return? _____

Are you working? Yes ___ No ___ what is your current annual income/salary? \$ _____

If you are receiving Financial Aid what is the amount?* \$ _____

What is your EFC (Estimated Family Contribution) from your FAFSA application?* \$ _____

What other sources do you have for income? (TANF, etc.) _____

How do you plan to finance your education? _____

The Scholarship Committee would like a clear picture of your financial status. Please provide below any circumstance you feel relevant to the committee's decision-making process. (Attach a separate sheet, if necessary.)

SECONDARY EDUCATION INFORMATION

Have you been accepted to the school of your choice?* YES NO (If "No", you have until April 16th to provide this information.)

Which health care field are you pursuing?*

Degree upon completion* _____ Expected completion date* _____

Full Time (or) Part Time Student _____ Tuition (per semester) \$ _____

Estimated cost of room/board and textbooks per semester \$ _____

Name and address of the school you will attend* _____

If you are currently enrolled in a degree program, please complete the following*

School Name _____

Year you are now completing _____ Cumulative GPA _____

Please submit your most recent transcript with this application (high school or post high school).

Please list three (3) references

<u>NAME</u>	<u>ADDRESS</u>	<u>TELEPHONE NUMBER</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that, as part of my scholarship application procedures, an inquiry may be made concerning information on my character, reputation and scholastic achievement. I authorize such inquiry and I agree to be interviewed at Waldo County General Hospital in connection with this application, if required.

Signature of Applicant

Date

All applicants are encouraged to consider employment opportunities at Waldo County General Hospital in their chosen health care field.

Scholarships are granted only for programs leading to careers in a health care related field and will be paid only after receipt of a transcript of grades showing successful completion (maintaining a 2.5 GPA) of the first semester and proof of enrollment in the second semester.

APPLICATION SUBMISSION DEADLINE IS MARCH 31, 2021.