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).
# 2021 – 2022 Application for Health Care Scholarship

## PERSONAL INFORMATION
(Please type or print clearly)

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

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<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Grade in School</th>
<th>Name of college, if enrolled</th>
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<tr>
<th>With whom do you live?  Myself _____  Myself and Dependents _____ Parent(s) _____ Spouse _____ Other _____</th>
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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

    NAME ___________________________ ADDRESS ___________________________ TELEPHONE NUMBER ___________________________

    ___________________________ ___________________________ ___________________________

    ___________________________ ___________________________ ___________________________

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.