

## GENERAL INFORMATION

Friends of York Hospital will award three (3), \$5,000 scholarships to 2025 graduating seniors who reside in one of York Hospital's service areas. Service areas include *southern York County, Maine towns of Kittery, Eliot, the Berwicks, Sanford, Lebanon, Kennebunk, Wells, Moody, Ogunquit and York*. A selection committee comprised of hospital employees, physicians and members of the Friends of York Hospital volunteer organization will review applications.

## ELIGIBILITY/INSTRUCTIONS

- Applicants must be high school seniors who plan to enter the medical/healthcare field and who live in one of York Hospital's service areas (*southern York County, Maine towns of Kittery, Eliot, the Berwicks, Sanford, Lebanon, Kennebunk, Wells, Moody, Ogunquit and York*).
- To be considered, **ALL SECTIONS** of the application must be complete and submitted with the following items:
  1. An essay describing why the applicant has chosen a career in the medical field and why the applicant should be chosen to receive this scholarship.
  2. Letters of Recommendation from the high school guidance counselor/director and from a current or recent employer. In lieu of an employer, an applicant may submit a letter from a supervisor in an organization where the applicant is/was a volunteer.
  3. Official high school transcript.
  4. Completed applications, along with required attachments, must be postmarked by Friday, March 28, 2025 to qualify and mailed to:

York Hospital  
Friends of York Hospital Scholarship  
Volunteer & Student Experiences  
Attn. Judith McAllister  
15 Hospital Drive  
York, Maine 03909                      Email: [volunteer@yorkhospital.com](mailto:volunteer@yorkhospital.com)

## REVIEW PROCESS

An impartial Selection Committee will evaluate the applicants' high school records, standardized test scores, extracurricular activities, including community involvement and work experience. Finalists are selected largely on the basis of financial need, academic merit and health care objectives.

**WINNERS ANNOUNCED:** The committee will determine scholarship winners and each will be notified at time of graduation with a letter of congratulations from the Committee.

## RESPONSIBILITIES OF RECIPIENTS

Scholarship recipients must enroll as full-time students in the upcoming fall and continue in school for the entire academic year in a health care curriculum. Scholarship awards may affect financial aid eligibility. Applicants should talk to school guidance counselor for details.

**PAYMENT OF SCHOLARSHIP FUNDS:** We ask at the conclusion of the first semester of college, scholarship recipients should send an enrollment verification letter from the college/university to **Attn. Marie Aimo, Friends of York Hospital, Volunteer and Student Experiences, York Hospital, 15 Hospital Drive, York, ME 03909 or to [volunteer@yorkhospital.com](mailto:volunteer@yorkhospital.com)**. A check will then be made payable to the school and mailed there directly.



**Mail by FRIDAY, MARCH 28, 2025**

**with required attachments to:**

York Hospital  
Friends of York Hospital Scholarship  
Volunteer & Student Experiences  
Attn. Judith McAllister  
15 Hospital Drive  
York, Maine 03909                      Email: volunteer@yorkhospital.com

Name \_\_\_\_\_  
  First    MI    Last

Permanent Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Name of High School \_\_\_\_\_

I have been accepted at \_\_\_\_\_  
  College, University or Vocational/Technical School

With a major in \_\_\_\_\_ and a minor in \_\_\_\_\_

What are your career objectives? \_\_\_\_\_  
\_\_\_\_\_

What general course of study are you planning to take?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where will you live while attending college?  
 Rent                       At home                       Dormitory                       With friends/relatives

Other (please specify): \_\_\_\_\_

What additional scholarships have you applied for?  
\_\_\_\_\_

Have you applied for student financial aid?  Yes  No

If not, what is your reason? \_\_\_\_\_

Please describe any part- or full-time jobs you've held during the past 3 years: \_\_\_\_\_

Number of members in applicant's family (please give names and ages of brothers and sisters living at home): \_\_\_\_\_

1. Occupation of Parent or Guardian: \_\_\_\_\_

2. Occupation of Parent or Guardian: \_\_\_\_\_

YEAR	G.P.A.	RANK	# IN CLASS	ACT	SAT-VERBAL	SAT-MATH

Do you feel that your high school grades were an accurate index of your ability?  Yes  No

If not, what were the factors that prevented you from doing better? \_\_\_\_\_

What special recognition have you received for outstanding schoolwork such as honors, prizes or scholarships? \_\_\_\_\_

Describe how you were involved in *high school activities* such as class or school offices, band or orchestra, athletics, dramatics, debate or oratory, school publications, pep club, etc. Designate by number in right hand column the high school year in which you participated in each activity as follows:

1-Freshman      2 - Sophomore      3 - Junior      4 - Senior

*Include Activities, Positions Held, Hours Spent Per Week and Years of Participation.*

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Describe how you were involved in *organized out-of-school activities* such as rank attained as Boy or Girl Scout, 4-H club work, church organization, etc. Designate by number in right hand column the high school year in which you participated in each activity as follows:

1-Freshman 2 - Sophomore      3 - Junior      4 – Senior

*Include Activities, Positions Held, Hours Spent Per Week and Years of Participation.*

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Describe any *community service activities* in which you are involved.

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**I CERTIFY THAT ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND I GIVE MY CONSENT TO RELEASE THE INFORMATION ON THIS APPLICATION FOR REVIEW OF THE FRIENDS OF YORK HOSPITAL SCHOLARSHIP COMMITTEE.**

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature (if applicant is under 18) \_\_\_\_\_ Date \_\_\_\_\_

**I CERTIFY THAT ALL THE INFORMATION ON THE FORM IS CORRECT, AND THAT A COPY OF THE APPLICANT'S HIGH SCHOOL RECORD IS ATTACHED.**

\_\_\_\_\_  
Counselor's Signature                      Date                      (\_\_\_\_\_) \_\_\_\_\_  
Office Phone Number

*Please note: Submission of the application and academic credentials does not constitute an entitlement or a legally enforceable right to a scholarship. By submitting this application, the applicant agrees to accept the decision of the impartial committee. Such decision does not grant a right of appeal. Scholarship applicants must submit the application and required documents, postmarked, by the published deadline. The Friends of York Hospital Scholarship Program takes no responsibility and grants no exceptions for errors in delivery or non-delivery by the postal service. In addition, the Committee reserves the right to determine that no scholarship will be awarded in any particular year.*

**NOTE: INCOMPLETE APPLICATIONS OR APPLICATIONS RECEIVED AFTER THE PUBLISHED POST MARK DEADLINE WILL BE INELIGIBLE FOR CONSIDERATION AND WILL NOT BE PROCESSED.**

**PLEASE MAKE A COPY OF THIS DOCUMENT FOR YOUR RECORDS. REFER TO THE FRONT PAGE FOR INSTRUCTIONS AND ANNOUNCEMENT PROCESS.**