



Minority Nursing and Allied Health Scholarship Program

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline **March 15**

FOR SCHOLARSHIP AMERICA USE ONLY

I.D. #	AA	PD	RIC/CS	GPA	SATCR	SATM	SATW	ACTC	TOTAL

APPLICANT DATA

Last Name _____ First _____ Middle Initial _____

Permanent Home _____

Mailing Address _____ Apartment # _____

City _____ State _____ Zip Code _____

Home Phone (_____) _____ Cell Phone (_____) _____ Email Address _____

Social Security Number _____ Date of Birth: Month _____ Day _____ Year _____

Please indicate your status. (Required) Male Female

American Indian/Alaska Native Black/African American Multi-Racial White

Asian Hispanic/Latino Native Hawaiian/Pacific Islander

Do you have a relative/friend who is either a current or former Yale-New Haven Hospital employee? Yes No

PARENT OR GUARDIAN INFORMATION

Last Name _____ First _____ Middle Initial _____

Address _____

Relationship to Applicant _____ Home Phone (_____) _____ Cell Phone (_____) _____

Email Address _____ Fax Number (_____) _____

HIGH SCHOOL DATA

School Name _____ High School Graduation Date: Month _____ Year _____

City _____ State _____ Telephone (_____) _____

POST-SECONDARY SCHOOL DATA

Name of postsecondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.)
Use official school names. Do **not** use abbreviations.

_____ City _____ State _____

_____ City _____ State _____

4 yr. College or University 2 yr. Community or Junior College Other, explain _____

Year in school **next** year: Freshman Other, explain _____

Major or course of study _____ Expected college graduation date: Month _____ Year _____

Degree sought: Bachelor Associate Other, explain _____

Sending a resumé does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

WORK EXPERIENCE

Describe your work experience during the **past four years** (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate **number of hours worked** each week. List amounts earned at each job.

Employer/Position	From - Mo/Yr	To - Mo/Yr	Hours per Week	Amount Earned

ACTIVITIES, AWARDS AND HONORS

List all school activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the **past four years** (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held.

Activity	No. of Years Partic.	Special Awards, Honors	Offices Held	Activity	No. of Years Partic.	Special Awards, Honors	Offices Held

GOALS AND ASPIRATIONS

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

ESSAY TOPIC (REQUIRED)

“What, in your knowledge of yourself and your personal and academic experiences, leads you to believe you are a suitable candidate for your chosen career and how will this contribute to Yale-New Haven Hospital?” The essay should be 300-1,000 words, typed on 8½ x 11 paper.

UNUSUAL CIRCUMSTANCES

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

APPLICANT APPRAISAL (REQUIRED)

To the Applicant: This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a high school counselor or advisor, an instructor, or a work supervisor who knows you well.

To the Adult Appraiser: You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.

The applicant's choice of a postsecondary educational program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and/or community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments: _____

Appraiser's Name _____ Title _____ Telephone (_____) _____
 Signature _____ Organization _____ Date _____

TRANSCRIPT INFORMATION

A complete transcript of grades **must** be sent with this application. Grade reports are not acceptable.

All applicants must include a high school transcript of grades and have this section completed by the appropriate school official. (A clear explanation of the high school's grading scale must also be submitted.)

Applicant ranks _____ in a class of _____	Cumulative Grade Point Average	SAT			ACT				
	Weighted: _____/4.0 scale	Critical Reading	Math	Writing	English	Math	Reading	Science	Composite
	Unweighted: _____/4.0 scale								

School Official's Signature _____ Date _____ Title _____ Telephone (_____) _____
 School Official's Address: Street _____ City _____ State _____ Zip _____

APPLICATION CHECKLIST

The student is responsible for submitting all materials to Scholarship America on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when you have submitted all of the following materials:

- Student Application with completed Applicant Appraisal
- Typed 300 – 1000 Word Essay
- Current Complete Transcript(s) of Grades (including grading scale)

All materials, including transcript, must be addressed to:

Yale-New Haven Hospital Minority Nursing and Allied Health Scholarship Program
 Scholarship America
 One Scholarship Way, P.O. Box 297
 Saint Peter, MN 56082

Postmark deadline March 15

CERTIFICATION

Scholarship America has the sole responsibility for selecting recipients based on criteria as set forth in the program description. This application becomes the property of Scholarship America. (It is recommended that you keep a copy for your files.)

I acknowledge decisions of Scholarship America and Yale-New Haven Hospital are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades. Falsification of information may result in termination of any award granted. This application becomes the property of Scholarship America. I give Scholarship America permission to release my application, essay, supporting documents, and transcript to the Yale-New Haven Hospital Scholarship Committee if selected as a semifinalist.

Applicant's Signature _____ Date _____
 Parent's Signature _____ Date _____