

LEWIS COUNTY GENERAL HOSPITAL AUXILIARY
7785 North State St., Lowville, NY 13367

TO: The Guidance Departments of Lewis County Schools, Lewis County General Hospital Human Resource Department and Scholarship Applicants

FROM: The Molly Pitcher Lewis Scholarship Committee of the LCGH Auxiliary

Since 1957, the LCGH Auxiliary has awarded scholarships to local students who are pursuing careers in the field of healthcare. Named in honor of Molly Pitcher Lewis, the scholarship was founded with the intent of fostering the education of “homegrown” healthcare professionals who would return to Lewis County to live and work, giving back to their local community.

Below are the requirements for eligibility.

- Applicant must be a resident of Lewis County or an immediate family member of a Lewis County Hospital employee.
- Applicant must matriculate into a college curriculum leading to a career in healthcare.
- Applicants are eligible to reapply for the scholarship each year they remain in college.

Applications must include the following:

1. Completed application form, signed and dated.
2. Personal essay (approximately 1000 words) describing your career goals and plans for meeting them, reasons for choosing the specific healthcare field, special interests, activities, honors, awards, etc.
3. Current official high school or college transcript in a sealed envelope.
4. Two letters of recommendation attesting to your academic ability, commitment to a career in healthcare, work ethic, etc. Recommendations should not come from an applicant’s relative. Have recommendation returned to you in an envelope with letter writer's signature across the seal.
5. Wallet-size photo suitable for publication.

Please send all application materials in one envelope to:

Suzanne Company
Scholarship Chairperson
PO Box 363
Brantingham, NY 13312

The application must be postmarked by April 15, 2017

Refer any questions to: Suzanne Company, Chair, Scholarship Committee 315-778-3063 (cell)

(1-23-17)

**MOLLY PITCHER LEWIS MEMORIAL SCHOLARSHIP
SPONSORED BY
THE LEWIS COUNTY GENERAL HOSPITAL AUXILIARY**

APPLICATION

NAME _____ (circle one) **New applicant** **Reapplying**

ADDRESS _____

PHONE _____ EMAIL _____

FATHER'S NAME _____ MOTHER'S NAME _____

HIGH SCHOOL/COLLEGE _____

DATE OF GRADUATION _____ BIRTH DATE _____

Please answer the following questions:

1. Name of college or nursing school _____

2. Name of course enrolled in _____

3. Total yearly expenses (including tuition, room, and board, books) required by the college where you have been accepted _____

4. Have you applied for **and/or** received any scholarships or financial aid? Yes _____ No _____

If yes, please list _____

5. Name the awards and amounts expected to be received. _____

PLEDGE OF INTENT

"As a condition to the scholarship application, I agree to repay all monies I receive from the Lewis County General Hospital Auxiliary scholarship if I do NOT enter the program I have indicated on this application. Repayment will be required within one year upon receipt of the scholarship. I also understand that I am eligible to reapply for this scholarship each successive year I pursue my specified health career. My application is subject to approval by the scholarship committee each year."

SIGNATURE OF APPLICANT _____ **DATE** _____