

BRATTLEBORO MEMORIAL HOSPITAL AUXILIARY
HEALTHCARE SCHOLARSHIP

GUIDELINES FOR STUDENTS

For the Brattleboro Memorial Hospital Auxiliary to award a **Healthcare Scholarship**, the following general rules must be considered:

1. Your application must be accompanied by:

A copy of your high school transcript received during the four years of high school.

The scholarship must be applied to a **Healthcare Program**.

Letter of recommendation from two (2) persons (not immediate family), relative to character and any pertinent information; and addressed to: Dear/Scholarship Committee.

2. The completed application must be submitted to the guidance office no later than May 16, 2025.

3. If the BMHA Scholarship Committee selects your application, a copy of the letter of acceptance from the college is required before a check will be written. The check will be written to you and the college at the start of the second (2nd) semester, upon receipt of your first (1st) semester transcript. However, if you decide not to attend college after the first semester, you forego the scholarship award.

Contact Information- JoAnne Rogers
c/o Brattleboro Memorial Hospital
17 Belmont Avenue
Brattleboro, VT 05301
(802)257-8238

APPLICATION FOR BMHA HEATHCARE SCHOLARSHIP
Brattleboro Memorial Hospital
17 Belmont Avenue
Brattleboro, VT

**To be completed by Applicant by
May 16, 2025**

Date: _____

1. Name:

_____	_____	_____	_____
Last	First	Middle	DOB

2. Legal, Permanent Home Address: _____
Street Town State/Zip

3. Telephone Number: _____

4. Father's Name: _____ Mother's Name _____

Occupation: _____ Occupation: _____

Employed by: _____ Employed by: _____

Guardian's Name: _____

Occupation: _____

Employed by: _____

5. Parents or Guardians TOTAL Annual Income: _____

Total Annual Income BEFORE taxes: _____

Total Annual Income /Taxes paid: _____

6. Brother(s) Sister(s) Age(s) Occupation(s) Address(es) Dependent on Income
In #6 above

_____	_____	_____	_____	_____	Yes or No
_____	_____	_____	_____	_____	Yes or No
_____	_____	_____	_____	_____	Yes or No
_____	_____	_____	_____	_____	Yes or No

You may use a blank sheet to complete any of the following questions:

8. Please list your community activities and how your community service has benefited you:

9. List below all present and past employment, beginning with your most recent:

Employer	From Mo. Yr.	To Mo. Yr.	Reason for leaving

10. List below all **Healthcare Programs** to which you've applied:

11. Which college/university have you chosen to attend and why?

12. How much money do you have saved toward your education?
If none, why?

13. Have you received or do you anticipate receiving any scholarships, grants or loans to assist you in acquiring your education? If yes, explain.

14. Please tell us about yourself and school activities you've participated in.
Why should we present this **Healthcare Scholarship** to you?

15. In 500 words or less, please write an essay on: "How you see yourself as part of the **Healthcare Field** in the future". (Use additional sheets if necessary).

Please sign your name

date