

GOUVERNEUR HOSPITAL AUXILIARY SCHOLARSHIP

The Gouverneur Hospital Auxiliary is pleased to announce that scholarship applications are now available.

The Auxiliary recognizes and honors the service and dedication of four deceased members: Peg Hanlon, Betsy Deuval, Della Evans and Janet Storch. Scholarships in their honor are awarded annually to students pursuing a career in a medical or health related field. These scholarships memorialize the efforts of these community women who worked tirelessly to provide care and comfort to those in need. The scholarships are funded by the Auxiliary on an annual basis and the awards are discretionary, depending upon the qualifications of the candidates and the availability of funds.

To be eligible for this scholarship, an individual must be a high school graduate who has successfully completed at least one semester of college and reside in the Gouverneur Hospital service area. This area includes the Towns of Fowler, Antwerp, Edwards, DeKalb, DePeyster, Harrisville, Hermon, Macomb, Richville and Rossie. Consideration will also be given to current Gouverneur Hospital employees who live outside of the service area. Applicants must apply for the scholarship on an annual basis.

A committee of Auxiliary members will select the award recipients. Criteria for selection includes career interest, financial need and academic achievement.

Applications are available from the Gouverneur Hospital Auxiliary website [<https://ghauxiliary.org>]
Gouverneur High School Guidance Office [stubbs.kathryn@gcsk12.org]; or Gouverneur Hospital [LoriAnne.McCormick@rochesterregional.org].

COMPLETED APPLICATIONS MUST BE RECEIVED BY MAY 9, 2025.

GOUVERNEUR HOSPITAL AUXILIARY SCHOLARSHIP

DEADLINE FOR SUBMISSION IS May 09, 2025

**Please submit to Gouverneur Hospital: Lori-Anne McCormick or
Gouverneur Central School: Katie Stubbs, Guidance Office**

Name _____

Date _____

Address _____

Phone _____

D.O.B. _____

Dependent _____ Independent _____

Parents/Guardian or Spouse Name(s) _____

Siblings still at home or children if Independent: (names and ages)

Siblings attending college (college and level):

Party(ies) responsible for your financial support: _____

Amount of parents' adjusted gross income last year _____

Amount of your adjusted gross income last year _____

This scholarship is based on the financial need of the applicant. It is not a full scholarship.
Complete the following according to your absolute financial needs.

_____	Tuition	_____	From Family
_____	Room and Board	_____	Loans
_____	Books and Supplies	_____	Savings
_____	Total	_____	College Scholarships
		_____	SEOG
		_____	Stafford Loans
		_____	PLUS
		_____	GSL
		_____	CWS
		_____	PELL Grant
		_____	TAP
		_____	Total

Education:

Name of High School _____

Year of Graduation _____

Number in Class _____

Rank in Graduating Class _____

Scholastic Average _____

Name of college attending: _____

Number of semesters completed: _____

Major: _____

Character References: Name, address and phone numbers:

_____ Phone number _____

_____ Phone number _____

- On a separate sheet of paper, please include any school or community activities you are involved in and any awards you have received.
- Please attach, in 75 words or more, your response to the following: "Why I am pursuing a career in the medical profession".
- Please attach a transcript of your grades for the previous semester.
- Please attach a copy of your financial aid award and most recently filed income tax documents [PLEASE REDACT ALL SOCIAL SECURITY NUMBERS ON DOCUMENTATION PROVIDED]

Incomplete or late applications may not be reviewed.