

**GOUVERNEUR HOSPITAL AUXILIARY**  
**77 West Barney Street, Gouverneur, New York 13642**

**SCHOLARSHIP APPLICATION**

Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Dependent \_\_\_\_\_ Independent \_\_\_\_\_

D.O.B. \_\_\_\_\_

Parents/Guardian or Spouse Name(s) \_\_\_\_\_

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

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Siblings attending college (college and level):

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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
_____		_____	<b>Total</b>

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.**