

THE GRACE KIRK HARRINGTON HOSPITAL AUXILIARY
MEMORIAL SCHOLARSHIP

In June of 2012, the family of Grace Kirk, a devoted and passionate twenty-three year Harrington Hospital Auxiliary volunteer, established a memorial fund in her name to support the Harrington Hospital Auxiliary Scholarship Program. Grace served as the Co-Chairperson of The Harrington Hospital Auxiliary Scholarship Committee for seventeen years. Throughout all of those years Grace worked tirelessly with her Committee to select and award annual Harrington Hospital Auxiliary scholarships to individuals planning to pursue a career in Health Care.

In June of 2014, The Harrington Hospital Auxiliary Scholarship Committee was proud to honor the memory of Grace Kirk with the presentation of the first annual \$1250.00 scholarship in her name.

Through the generosity of the Grace Kirk Memorial Fund contributions and the Kirk family, The Grace Kirk Memorial Scholarship will continue to be offered annually.

The recipient of The Grace Kirk Memorial Harrington Hospital Auxiliary Scholarship must be planning to pursue a career in the field of Health Care and must be accepted into an accredited Health Care Program. The Scholarship will be presented at an Awards Ceremony at Harrington Hospital in June of 2018.

To be eligible, applicants must reside in one of the communities served by Harrington Hospital (Brimfield, Brookfield, Charlton, Douglas, Dudley, East Brookfield, Holland, North Brookfield, Oxford, Palmer, Southbridge, Spencer, Sturbridge, Wales, Warren, Webster, West Brookfield, Quinebaug, CT, Thompson CT, and Woodstock CT).

An Applicant must be identified as one of the following:

1. A student who is graduating from an area high school in 2018.
2. An individual who has already graduated from an area high school.
3. An individual who has received a high school graduate equivalency diploma (G.E.D.).
4. An individual who has been home educated and who has met all high school graduation criteria as set forth by their local School Board.

Any person who is an employee or a relative of an employee of Harrington Hospital and affiliations who meets the above criteria is eligible to apply.

COMPLETED APPLICATION PACKETS MUST INCLUDE: (CHECKLIST)

_____ A current **TRANSCRIPT** of your high school or college record, including grades, grade point average, and rank in class (when applicable).

_____ **PSAT, SAT I or II, ACT** scores, or other pertinent standardized test scores.

_____ A personal (student written) **ESSAY** (on a separate sheet) describing why you wish to further your education in the field of Health Care.

_____ **TWO letters of reference.** We request one letter from a faculty member, guidance counselor, or other school personnel. The second letter should be written by an individual who knows you from the workplace, church, organization, or volunteer organization.

**THE GRACE KIRK HARRINGTON HOSPITAL AUXILIARY
2018 MEMORIAL SCHOLARSHIP APPLICATION**

Fill out application completely. Type or print, using black ink.

Applicant Information

Name _____ Date of Birth _____
 Home Address _____ Town _____
 Telephone _____
 High School _____ Date of graduation _____
 Name of father, guardian, husband (circle one) _____
 His occupation _____
 Name of mother, guardian, wife (circle one) _____
 Her occupation _____
 Ages of siblings or children (circle one) _____
 Institute(s) of higher learning siblings/children attend _____

Career Information and College Applications (list schools/colleges to which you have applied)

What health care career do you intend to pursue _____

School/college applications	Accepted		
	Yes	No	Have not heard
1. _____	Yes	No	Have not heard
2. _____	Yes	No	Have not heard
3. _____	Yes	No	Have not heard
4. _____	Yes	No	Have not heard

When do you plan to begin your studies (or when did you start)? _____

Approximate annual cost of your higher education

Tuition _____ Housing _____ Fees _____

Financial Information (List all grants, scholarships, financial aid, and other monies you have received to date toward expenses)

_____ \$
 _____ \$
 _____ \$
 _____ \$

High School /Community /Professional Activities (attach an additional sheet if necessary-sign and date)

Name of Activity	From - To	Office Held/Award Given (If any)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Work Experience

Type of Work	Place of Employment	Dates Employed	Wages
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

All scholarship applications must be received or postmarked by APRIL 2, 2018 or hand delivered to Harrington Hospital Volunteer Service Department no later than April 5, 2018 to be considered by The Harrington Hospital Auxiliary Scholarship Committee.

*******REMINDER*******

ITEMS LISTED BELOW MUST BE INCLUDED IN GRACE KIRK MEMORIAL SCHOLARSHIP/HARRINGTON HOSPITAL AUXILIARY APPLICATION PACKET

CURRENT TRANSCRIPT

PSAT, SAT I or II, ACT SCORES

PERSONAL ESSAY

TWO LETTERS OF REFERENCE

MAIL/DELIVER COMPLETED APPLICATION PACKETS TO:

Harrington Hospital Auxiliary Scholarship Chairperson

THE GRACE KIRK MEMORIAL SCHOLARSHIP

C/O Harrington Hospital

Volunteer Office, ATTN: Kelly

100 South Street

Southbridge, MA 01550