



MCLEAN AUXILIARY

75 Great Pond Road

Simsbury, CT 06070

860-658-3710

Mclean.auxiliary@mcleancare.org

McLean Auxiliary Merit Scholarship Award Guidelines

McLean Auxiliary Merit Scholarship is awarded annually at the discretion of the McLean Auxiliary Board. The scholarship, which is up to \$1,500 is awarded to a McLean employee, or child of an employee who is pursuing post-secondary education in a health care or health care related field of study. **The employee must have successfully completed at least one year of service, in good standing, by February 1 of the scholarship year. The applicant must be attending or accepted into a Health-care related post-secondary degree program or certificate program.**

Scholarship application packets may be obtained at the McLean Health Center Reception Desk, or from the McLean Auxiliary website, <http://mcleancare.org/support-mclean/mclean-auxiliary>, beginning in mid-February. **All** application materials (completed Application, Transcript(s), two written non-relative References and Publicity Release Form) must be postmarked or received by **March 31**.

The Scholarship Committee shall present a list of the Scholarship candidates to McLean Administration, to verify employment eligibility. Eligible candidates will then be contacted to schedule an in-person interview.

The Scholarship Committee shall review all application materials and interview each eligible candidate during the month of April. The committee will present their recommendation to the entire Auxiliary Board at the May Board meeting. The Auxiliary Board makes the final selection of the Scholarship recipient.

In mid-May, a letter will be sent to each applicant concerning the Board's final selection. The scholarship will be formally awarded at the McLean Auxiliary Annual Meeting and Strawberry Festival in June. It is expected that the scholarship recipient be present for the award presentation.



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McLean Auxiliary Merit Scholarship Application

Section 1 – Applicant Information

Name		
Address		
City	State	Zip
Home Phone		Mobile Phone
Best time to reach you		
Date of Birth		
<input type="checkbox"/> McLean Employee		
<input type="checkbox"/> Child of Employee – please list Employee Name		
Position Held		Hire Date
Name(s), relationship and capacity of other family members working, volunteering, or living at McLean		

Section 2 - Education

Current or last school attended Name	School Address
Health Care related Degree/Certificate you are pursuing (e.g. B.S.N., R.N., P.A.)	
Health Care School Name	School Address
<input type="checkbox"/> Currently attending <input type="checkbox"/> Accepted <input type="checkbox"/> Applied, waiting for acceptance	

SECTION 3 – Awards and Activities

Academic Awards/Achievements	Licenses or Certifications
Community Service or volunteer activities	Memberships

SECTION 4 – Essay (additional sheets may be attached, if necessary)

<p>Why is furthering your education important to you?</p>
<p>What are your plans for using your education after you graduate?</p>
<p>What are your personal and professional goals and how will your goals benefit others?</p>

What qualities do you possess which make you an outstanding scholarship recipient?

Other Activities or information to be considered

Section 5 – Attestation

The above information is correct to the best of my knowledge.

Applicant Signature _____ **Date** _____



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McLean Auxiliary Merit Scholarship Publicity Release Form

I hereby give McLean and the McLean Auxiliary permission to photograph me and to use my name, quote, testimonial, and/or photograph in any of the following as it pertains to the McLean Auxiliary Merit Scholarship.

- Newspapers
- McLean/McLean Auxiliary Website
- Social Media, including Facebook, YouTube, etc.
- Advertisements
- Newsletters
- Annual reports
- Posters/Flyers
- Presentations
- Displays
- Television and/or radio show or advertisement

Signed _____ Date _____

Printed Name _____



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McLean Auxiliary Merit Scholarship Application Transcript Request

Applicant: Complete this form and submit it to the appropriate person at your school

School Name		
Contact Person Name	Position	
School Address		
City	State	Zip
Phone Number	Fax Number	

Applicant Name	Student ID Number (if applicable)	
Address		
City	State	Zip
Phone Number	Mobile Number	

As an applicant for the McLean Auxiliary Merit Scholarship, I am requesting and authorizing you to send a certified copy of my latest transcript, **no later than March 31** to

McLean Auxiliary Scholarship Committee

75 Great Pond Road

Simsbury, CT 06070

Fax: 860-658-3769

Mclean.auxiliary@mcleancare.org

Signed (applicant) _____ Date _____



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McLean Auxiliary Merit Scholarship Application Reference

Applicant: Two non-relative references are required. Please submit a form to each reference.

Applicant Name _____

As an applicant for the McLean Auxiliary Merit Scholarship, I am requesting that you provide a reference. Please complete and return this form no later than March 31 to:

McLean Auxiliary Scholarship Committee

75 Great Pond Road

Simsbury, CT 06070

Fax: 860-658-3769

Mclean.auxiliary@mcleancare.org

Signed (applicant) _____ Date _____

To be completed by a non-relative reference. Additional pages may be included, if necessary

How long have you known the applicant?

In what capacity do you know the applicant?

What leads you to believe this applicant would be successful in the health care field?

Applicant Name _____

What personal, professional or character qualities does the applicant possess that lead you to believe the applicant should be selected for this scholarship?

Please include any other pertinent information that would support your recommendation of this applicant.

Signed (reference)		Date
Printed Name		
Business Name (if applicable)	Position	
Address		
City	State	Zip
Phone Number	Fax Number	



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How long have you known the applicant?

In what capacity do you know the applicant?

What leads you to believe this applicant would be successful in the health care field?

What personal, professional or character qualities does the applicant possess that lead you to

Applicant Name _____

believe the applicant should be selected for this scholarship?

Please include any other pertinent information that would support your recommendation of this applicant.

Signed (reference)		Date
Printed Name		
Business Name (if applicable)	Position	
Address		
City	State	Zip
Phone Number	Fax Number	