

**Auxiliary of Newton Medical Center**  
**Nursing and Health Career Scholarship**

**Information Sheet**

**PURPOSE:**

To encourage Sussex, Warren and Pike County High School Seniors to prepare for nursing or health-related careers.

**FUNDING:**

This year three \$2,000.00 scholarship(s) will be awarded. Funds are forwarded directly to the recipient's chosen college.

**ELIGIBILITY:**

- Applicant must be a Sussex, Warren or Pike County resident.
- Applicant must be a high school senior at a Sussex, Warren or Pike County High School.
- Applicant must be interested in a health-related career.
- Applicant must have a high school record consistent with admission to chosen college

**APPLICATION PROCESS:**

Applicant must submit the following:

- Application Form by: April 12, 2024.
- Official Transcript (containing school seal) of high school grades, grade point average and class rank
- Letters of Recommendation from each of the following:
  - High School teacher
  - Personal reference (not a relative or family member)
- Essay explaining why the applicant should be considered for the scholarship



**SELECTION:**

- Final selection is made by the Auxiliary of Newton Medical Center Scholarship Committee.
- Successful applicant is notified by letter and the high school is notified (sent to home address).
- Presentation is also made at the recipient's high school awards ceremony with consent of school officials.

Additional application forms are available from:

Dawn Sullivan  
Business Coordinator  
Auxiliary of Newton Medical Center  
175 High Street  
Newton, NJ 07860  
Telephone: (973) 579-8309



**APPLICATION FOR AUXILIARY OF NEWTON MEDICAL CENTER  
NURSING AND HEALTH CAREER SCHOLARSHIP  
(Submit by: April 12, 2024)**

**A. Applicant:**

1. Name: \_\_\_\_\_  
(Last) (First) (Middle)

2. Permanent mailing address:

\_\_\_\_\_

Street	City	State	Zip Code
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3. Telephone: \_\_\_\_\_  
(Area Code)

4. Date of Birth: \_\_\_\_\_

**B. Family:**

1. Father or Legal Guardian: \_\_\_\_\_  
(Last) (First)

2. Mother or Legal Guardian: \_\_\_\_\_  
(Last) (First)

\* \* \* \* \*

**C. Present Education:**

1. High School presently attending: \_\_\_\_\_

2. List any extracurricular activities during high school:

<u>Activity</u>	<u>Dates of Participation</u>	<u>Office Held</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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3. List volunteer/community activities:

<u>Activity</u>	<u>Dates of Participation</u>

4. List any jobs (including summer employment) you have held in the last 3-4 years:

<u>Job</u>	<u>Employer</u>	<u>Dates of Employment</u>

D. Education:

1. Which college or school do you plan to attend?

<u>Name</u>	<u>Location</u>	<u>Have you been accepted?</u>

- E. Attach high school transcript of grades, GPA and class rank to your application.
- F. Include recommendations from a teacher and a personal reference (not a family member or relative) with your application.
- G. Write a personal essay explaining why you should be considered for this scholarship.



**Application for Auxiliary of Newton Medical Center Nursing and Health Career  
Scholarships**

Please read the policy statement below. If you are in agreement with this policy, sign in the appropriate space.

**Policy Governing Scholarship**

A check in the amount of \$2,000 reflecting your scholarship award will be sent to the institution indicated in your application after confirmation of enrollment is received by the Auxiliary of Newton Medical Center. The check will be sent in September of your enrollment year.

It is the responsibility of the scholarship recipient to ensure that the institution provides the confirmation of enrollment

**Applicant's signature:** \_\_\_\_\_

**Parent/Legal Guardian Name:** \_\_\_\_\_

**Parent/Legal Guardian Signature:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

**NOTE:** Application must be submitted by April 12, 2024. The successful applicant will be notified by telephone/letter.

Mail completed application to:      Auxiliary of Newton Medical Center  
Attn: Dawn Sullivan  
175 High Street  
Newton, NJ 07860  
Telephone: (973)-579-8309