
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 30, 2026.**
- 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
Operations & Data Manager
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 Scholarships

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.

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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 30, 2026**. 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