

SARATOGA HOSPITAL VOLUNTEER GUILD SCHOLARSHIP APPLICATION 2024

Name	Phone
Address (Street, City, State, Zip)	
High School	
Planned College and Concentration	
Saratoga Hospital Volunteer: Y_N_	Other Healthcare Facility Volunteer: Y_N_
Community Service, Activities, and/or Proj	jects in Which You Have Volunteered
Include school, church, and community activi may include a separate page if more space is r	ties. Please give year(s) and estimated time dedicated to each. You needed.
Essay (approx. 500 words): Describe one a your high school career. How did you overco employ that improved the situation? What pa have any role in your challenging life experient	spect in your personal life that has deeply challenged you during ome this challenge? What unique approach or talent did you art does volunteerism/community service play in your life? Did that nice and/or impact your decision to enter the medical field?
(Please respond on separate page(s), typed, and grammatically correct.)	
The Following is to be Com	pleted by the Applicant's Guidance Counselor:
Current Grade AverageGuidance G	Counselor Name
Email	
Signature	Date

Return COMPLETED Application, Essay and 2 Recommendations, by March 31, 2024 to:

Saratoga Hospital Volunteer Guild, Saratoga Hospital, 211 Church St., Saratoga Springs, NY 12866