



Hyde Park Rotary  
PO Box 298  
Hyde Park, NY 12538

**WILLIAM J. NICHOLS MEDICAL SCHOLARSHIP**

**Guidelines and Instructions**

The Community Foundations of the Hudson Valley announces the availability of the *William J. Nichols Medical Scholarship*. Established by the Hyde Park Rotary in honor of Mr. Nichols, income from this fund provides a scholarship to a graduating senior who lives in the Hyde Park School District and plans to pursue a career in a medical field. The scholarship is not renewable.

**Eligibility Requirements:** In order to be eligible to be considered for a scholarship, an applicant must satisfy the following requirements:

- Graduating senior living in the Hyde Park School District
  - Planning to major in a medical related field with a four or more-year degree path
    - Studying to become a *Physician; Dentist; Physician's Assistant; Nurse; Nurse Practitioner; Physical Therapist; Veterinarian; Medical Engineering Specialist; Robotics Specialist with Medical Applications; Pharmacist; Psychologist; etc.*
    - Be involved in extra-curricular activities, community service or paid employment
1. You must fill out all information requested in the application including either the school you have been accepted to or your first-choice school. Please limit your Work Experience, Extracurricular Activities and Community Service to the last three years.
  2. With your completed and signed application, you must include:
    - An essay discussing your career goals, personal values, and community service (no more than one page or 500 words please).
    - Most recent high school transcript. Transcripts must be official, come in a school/college envelope, and be sealed.
    - Two current letters of recommendation from teachers/guidance counselor, clergy or persons other than family members who are familiar with your skills and abilities. These letters must have been written within the last six months.

**Community Foundation of Dutchess County**

Since 1969, the Community Foundations of the Hudson Valley has been a driving force for philanthropy. Representing thousands of donors through over 535 separate funds that make up its endowment, the Foundation channels much-needed resources to community organizations. The Foundation also provides an array of scholarships to assist students in advancing their educational opportunities. The *William J. Nichols Medical Scholarship* is one of the scholarships we are proud to offer. Please visit our Web site at [www.cfhnvny.org](http://www.cfhnvny.org) for other scholarship opportunities.

Please **mail or submit** completed application packets to:

Franklin D. Roosevelt High School  
Guidance Office  
P.O. Box 2032  
Hyde Park, NY 12538

**Your application and all related attachments must be submitted by April 1.**



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**COMMUNITY FOUNDATION – SCHOLARSHIP APPLICATION FORM**

***Hyde Park Rotary - William J. Nichols Medical Scholarship***

For scholarship information: [www.cfhnny.org](http://www.cfhnny.org)

**SCHOLARSHIP APPLICANT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Social Security # \_\_\_\_\_

MALE  FEMALE

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Parent's Marital Status  single  married  separated  divorced  widowed

Siblings:  Yes  No If yes, how many: \_\_\_\_\_ If yes, # of siblings attending college : \_\_\_\_\_

High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Class Rank \_\_\_\_\_ Class Size \_\_\_\_\_ Cumulative GPA \_\_\_\_\_  
 (if available)

SAT Scores \_\_\_\_\_ Composite ACT \_\_\_\_\_  
 Critical Reading Math Writing

**POST-HIGH SCHOOL PLANS**

School for which aid is requested: \_\_\_\_\_ Expected Graduation: \_\_\_\_\_

My School is:  4 yr college/university  2 yr college  voc/tech school  other

I will be enrolled:  full time  half-time or more  less than half-time

I will live:  on campus  off campus  at home

Intended major/minor: \_\_\_\_\_

**\*You must list at least one school**

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**EXTRACURRICULAR ACTIVITIES & WORK EXPERIENCE**

Please list your **principal** extracurricular, volunteer, and work activities **in their order of importance to you**. You **must** complete this section even if you plan to attach a résumé. Incomplete forms will not be accepted.

Grade Level				Approximate time spent		When did you participate in the activity?		Positions held, honors won, letters earned, or employer	If applicable, do you plan to participate in college?
9	10	11	12	Hours per week	Weeks per year	School Year	Summer/School Break		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
<b>Activity</b> _____									
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<b>Activity</b> _____									

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**STATEMENT OF FINANCIAL NEED**

Include tuition costs, expenses, financial assistance from family and other sources – attach separate sheet if necessary.

Tuition	\$
Room	\$
Board	\$
Other Expenses (books, fees, etc.)	\$
Other	\$
<b>Total Expected Expenses</b>	<b>\$</b>
Own Earning	\$
Family Assistance	\$
Other Sources (list)	\$
Other	\$
<b>Total Expected Revenues</b>	<b>\$</b>
<b>Deficit</b>	<b>\$</b>

Describe any special personal or family circumstances that you would like the Committee to take into consideration in reviewing your application.

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**CERTIFICATION**

I certify that the information on this form is true and complete to the best of my knowledge.

Student Signature and Date \_\_\_\_\_

Parent Signature and Date \_\_\_\_\_

Your application and all related attachments must be submitted by April 1 (or the following business day if April 1 falls on a Sunday). **A completed application includes the Application, an essay, a transcript, the Student Aid Report (SAR), and two letters of recommendation.** Please send only one copy of each item requested.

**Your application and all related attachments must be submitted by April 1.**