## SARATOGA HOSPITAL VOLUNTEER GUILD



## SCHOLARSHIP APPLICATION 2022

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 Projects in Which You Have Volunteered
Include school, church, and communit may include a separate page if more sp	ty activities. Please give year(s) and estimated time dedicated to each. You pace is needed.
Essay (approx. 500 words): COVID	19 has affected everyone the past two years. Describe one chief aspect in
<u> </u>	lenged you as a result of the pandemic. How did you overcome this
challenge? What unique approach or talent did you utilize to resolve or improve the situation? How will this	
carry on in your future? (On a separate page, typed and grammatically correct.)	
Two Letters of Recommendation: N	May be from teachers or employers and not from family members.
The Following is to be Completed by	y the Applicant's Guidance Counselor:
Current Grade AverageGuid	dance Counselor Name
Email	
Signature	Date

Return COMPLETED Application, Essay and 2 Recommendations, by March 31, 2022 to:

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