



**VOLUNTEER SERVICES**  
A SERVICE OF SARATOGA HOSPITAL

211 Church Street  
Saratoga Springs, NY  
12866

518-583-8447

**SARATOGA HOSPITAL VOLUNTEER GUILD**

**SCHOLARSHIP APPLICATION 2020**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address (Street, City, State, Zip) \_\_\_\_\_

Email (Required) \_\_\_\_\_

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 community activities. Please give year(s) and estimated time dedicated to each. You may include a separate page if more space is needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Essay (200-250 words):** Describe the most impactful experience you have had, how you prepared for it, how it affected others, and what you learned from it. (On a separate page, typed or neatly printed.)

\_\_\_\_\_

**The Following is to be completed by the Applicant's Guidance Counselor:**

Current GPA \_\_\_\_\_ Guidance Counselor Name \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return COMPLETED Packet: Application, Essay and 2 Recommendations, by March 20, 2020 to**

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

**Please double check that all documents are enclosed:** Application \_\_\_\_\_ Essay \_\_\_\_\_

Recommendation Letter #1 \_\_\_\_\_ Recommendation letter #2 \_\_\_\_\_

