



*The Charlotte Hungerford Hospital Auxiliary*  
Post Office Box 988  
Torrington, Connecticut 06790-0988

November 2023

Each year the Charlotte Hungerford Hospital Auxiliary awards 13 scholarships in the amount of \$1,000 to individuals, residing in the area served by Charlotte Hungerford Hospital, who are pursuing a career in a healthcare related field.

Ten of these scholarships are financed by the Auxiliary. Two scholarships of \$1,000 are made possible by the generous bequest from the late Dr. J. Alfred Fabro and the family of the late the Dr. Joseph Curi. An additional scholarship, donated by Drs. Beth Whalen and Terrance Ryan, is specifically for graduates of Torrington High School or Oliver Wolcott Technical School.

All applications must be typed and all required components of the application, including the Checklist (see included), must be in one envelope and submitted by USPS mail **postmarked** no later than February 29, 2024 (**no exceptions to this cutoff date**).

Members of the Scholarship Committee look forward to reviewing the applications of qualified candidates. If you have any questions about the application process, please feel free to contact us at:  
[chhscholarship@gmail.com](mailto:chhscholarship@gmail.com).

Sincerely,

Ellen Durstin

Ellen Durstin  
Chair, Scholarship Committee

## **APPLICATION CHECKLIST**

**Each item must be included in the one packet**

**Cover Sheet, signed and dated**

**Personal Resume**

**One Page Essay**

Original Official School Transcript with seal

**2 Letters of Recommendation, each in a sealed, signed envelope**

1.

# CHARLOTTE HUNGERFORD HOSPITAL AUXILIARY HEALTHCARE-RELATED FIELD SCHOLARSHIP APPLICATION

## INSTRUCTIONS

1. Applicant must be accepted to, or be enrolled in, a college or institution of higher education to prepare for a career in a healthcare-related field.
2. Per Hartford Healthcare, applicant **must** reside in a community serviced by Charlotte Hungerford Hospital. Please pay special attention to the towns listed below.

### TOWNS SERVED BY CHARLOTTE HUNGERFORD HOSPITAL

Barkhamsted/Pleasant Valley  
Burlington  
Canaan/Falls Village  
Colebrook  
Cornwall  
Goshen  
Harwinton  
Litchfield  
Morris  
New Hartford  
Norfolk  
Thomaston  
Torrington  
Winsted/Winchester

3. Applicant must submit a completed, signed and dated **COVER SHEET**. See page 5.
4. Applicant must submit a **PERSONAL RESUME** to include: school/s attended, dates of attendance, degree earned (if applicable), colleges applied to, intended major, awards and honors, extracurricular activities, community activities and volunteer service, work experience with dates employed.
5. Applicant must submit a **ONE PAGE ESSAY** to describe his/her healthcare-related field career goals and to explain why he/she has chosen to prepare for a career as a health professional.
6. Applicant must submit an original (no copies) **OFFICIAL SCHOOL TRANSCRIPT**, i.e. secondary school or college, indicating at least a cumulative B average. Information requested must pertain to your status at the time you apply for a scholarship. **DO NOT** include information relating to high school activities if you are presently attending a college or institution of higher education.

7. Applicant must submit **2 LETTERS OF RECOMMENDATION** as follows:

- A. **One** letter from an adult from your **current** school  
Ex: Teacher, Councilor, Coach, Dean, etc.
- B. **One** letter from an adult who is **NOT** now, or has been, your Teacher, Councilor, Coach, Dean, or anyone officially representing your current or former school.  
Ex: Employer, Family Friend, Family Physician, Religious Leader, Sports Figure (other than school coach)
- C. Letter from relatives will **NOT** be accepted.

**PLEASE NOTE, THIS IS THE AREA OF THE APPLICATION THAT MOST OFTEN DISQUALIFIES THE APPLICANT.**

See attached **Instructions for Letter of Recommendation Writers** to be given to the letter writers.

It is YOUR responsibility to make certain that each letter is presented in a sealed envelope, signed by its author on the back flap, and included in the mailing packet with all the other elements of your application.

8. **Your application must be TYPED, SIGNED, and DATED. Applications submitted handwritten, unsigned, undated or missing any portion of the application will not be considered by the Selection Committee.**

9. Send your complete hard-copy application by U.S. Mail, including:

**Cover Sheet, signed and dated**

**Personal Resume**

**One Page Essay**

Original Official School Transcript with seal

**2 Letters of Recommendation, each in a sealed, signed envelope**

Please do not use staples to secure your application.

**to:** Ellen Durstin

102 Tanglewood Rd.

New Hartford, CT 06057

10. Your application must be **postmarked** no later than **February 29, 2024.**

**THERE WILL BE NO EXCEPTIONS TO THE DEADLINE.**

11. A letter will be sent to all applicants by the first week of May notifying them of their status.

12. Recipients of the award should plan to be present at the awards ceremony to be scheduled for some time in May, 2024 in the Memorial Building at Charlotte Hungerford Hospital.

13. If you have any questions, e-mail us at [chhscholarship@gmail.com](mailto:chhscholarship@gmail.com).

**DO NOT E-MAIL YOUR COMPLETED APPLICATION.**

**ONLY APPLICATIONS RECEIVED THRU THE US POSTAL SYSTEM WILL BE CONSIDERED.**

**CHARLOTTE HUNGERFORD HOSPITAL AUXILIARY  
HEALTHCARE-RELATED FIELD SCHOLARSHIP APPLICATION**

**COVER SHEET**

Applicant's Full Name: \_\_\_\_\_

(First, Middle and Last)

Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail \_\_\_\_\_

\_\_\_\_\_

DATE \_\_\_\_\_

Signature of Applicant

## **INSTRUCTIONS FOR LETTER OF RECOMMENDATION WRITTER**

Applicant must provide the writers of the Letters of Recommendation with a copy of these instructions.

Thank you for your time and effort on my behalf as I choose to pursue a career in a healthcare related field.

The Scholarship Committee has specifically asked for the following information:

Explanation of our relationship

Explanation of how that relationship has offered you the opportunity to know me in a way that you witness character traits that you feel will contribute to my success in the health care field

Specific examples of these character traits and, if possible, examples of incidents where you have witnessed these traits

The letter must be in a sealed envelope and signed by its author across the back flap.

The letter must be given to the applicant to be included in the packet with the complete application.