



## Cayuga Medical Center at Ithaca Foundation

### Cayuga Medical Center Foundation Scholarship

#### Scholarship Description

The Cayuga Medical Center Foundation Scholarship is a merit-based award designed to provide financial support to graduating seniors intending to continue their education in pursuit of a health care career.

#### Participating High Schools

The following schools will each receive one scholarship award to be presented to a qualifying high school senior.

Dryden Central School District  
Groton Central School District  
Ithaca City School District  
Lansing Central School District  
Newfield Central School District  
Trumansburg Central School District

#### Selection of Recipient

Each candidate will complete the attached Scholarship Application form available in the school guidance department. Two (2) letters of recommendation and an essay not to exceed 300 words must accompany a completed application that highlights academic, extracurricular and volunteer activities. The essay should explain why the student has elected to pursue a healthcare career.

Candidates must demonstrate exemplary academic performance coupled with an interest and commitment to pursue a health care career.



#### Award Criteria

The Cayuga Medical Center Foundation Scholarship will be awarded to one student at each school. The selection decision will be based upon the student's academic performance, quality of essay, volunteer and extra-curricular activities and selection of health career field.

#### Amount of the Award

Each scholarship will be for a period of one year only in an amount of \$2,500. The award will be paid in 2 equal installments after successful completion of each of the first two academic semesters. Funds will be administered by the Cayuga Medical Center Foundation and shall be used for tuition and other school related expenses. Funds will be remitted to the student at the conclusion of each semester. In order to receive funds, the student will submit a transcript of grades and detailed listing of expenses for the completed semester to the Cayuga Medical Center Foundation.

#### Presentation of Award

The award will be presented by an individual or individuals designated by the Cayuga Medical Center Foundation.



**Cayuga  
Medical Center  
Foundation**

101 Dates Drive  
Ithaca, NY 14850  
(607) 274-4011

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## *Health Care Scholarship Award Application*

The trustees of the Cayuga Medical Center Foundation have instituted the Cayuga Medical Center Foundation Scholarship Award to assure that an adequate number of professionals in health related fields are available to serve our community. Each award will be for a period of one year only in an amount up to \$2500 paid in two equal installments to the student at the successful completion of each semester.

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

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

Social Security #: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Way to Contact (check one):  Email  Phone

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

Father's Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_

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

Mother's Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_

High School Attended: \_\_\_\_\_

Guidance Counselor/Advisor(s): \_\_\_\_\_  
\_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Please list your school and volunteer activities, and any offices held: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What jobs have you held during school? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Continued)

Cayuga Medical Center Foundation – *Health Care Scholarship Application*

List the Schools or Colleges to which you have applied or have been accepted:

School/College	Address
1. _____	_____
2. _____	_____
3. _____	_____

*(Please attach additional pages if necessary)*

Health Career you wish to pursue: \_\_\_\_\_

Length of Education (Years): \_\_\_\_\_

**A parent or guardian must sign the application to verify the foregoing statements and provide support for the student's academic intent.**

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

**Application Checklist**

*Please be sure that you have completed all parts of the application. **Incomplete applications will not be considered.** It is your responsibility to assure that this package is timely and complete.*

- A. This completed application.
- B. Essay explaining your career choice and reason you should be considered for this award.
- C. Request guidance office to attach transcript to this application.
- D. Letters of recommendation requested from:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Items A, B, and D should be submitted to:

The High School Guidance Office  
c/o Cayuga Medical Center Foundation Scholarship