

THE  
**University of Vermont**  
HEALTH NETWORK

**Elizabethtown Community Hospital**

Holly Estus Memorial Scholarship Criteria

Criteria for Application:

- Must be a resident within the Boquet Valley, Keene, Moriah, Willsboro, or AuSable Valley school district.
- Must be enrolling in an accredited college pursuing a career in nursing.
- Application must be received no later than June 1<sup>st</sup>
- High School Transcript must be included with a complete application.
- Applicants may be contacted for a personal interview.

Awards:

- One \$500 scholarship will be awarded.
- Notifications of awards will be released mid-June.
- Awards will be granted after the successful completion of the first semester and notification of enrollment in second semester.
- Awards will be made payable to the college attended.

Please submit the application by June 1<sup>st</sup> to:

Elizabethtown Community Hospital  
Michelle Meachem - Director of Human Relations  
75 Park Street, PO Box 277  
Elizabethtown, NY 12932

[mmeachem@ech.org](mailto:mmeachem@ech.org)

THE  
**University of Vermont**  
HEALTH NETWORK

---

**Elizabethtown Community Hospital**

Holly Estus Memorial Scholarship

Application for 2024/2025 Academic Year

Holly Estus Memorial Scholarships for nursing are outright grants, but recipients may make repayments to the fund after they complete college and begin working, so that others may also benefit from the scholarship.

☐ Please check the box if you are willing to try to make repayment after college graduation.

**Part I: Personal Information**

Name:	SSN:
Street/PO Box:	Phone Number:
Town:	Zip code:
Name of High School:	Year Graduated:

**Extra-Curricular Activities (include years participated)**

<u>Activity</u>	<u>Year Participated</u>

**Part II: College Information**

College You Plan to Attend:	Major:
Professional Goal:	Year you plan to graduate:
College status in 2025/2026 <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior	Will you be commuting? <input type="checkbox"/> Yes <input type="checkbox"/> No
In 2025/2026 do you plan to live: <input type="checkbox"/> On Campus <input type="checkbox"/> Off Campus <input type="checkbox"/> With parents/family <input type="checkbox"/> Other	Anticipated college costs per year:

**Estimated Resources:**

From earnings: \$	Spouse Earnings: \$
Pell Grant: \$	From Parents: \$
Tap Awards: \$	College Scholarships: \$
EOP/SEOG: \$	College Work/Study: \$
College Loans: \$	Student Loans: \$
Other: \$ (Please specify)	

**Please list the total of your student loan obligations**

Perkins loan from your college financial aid office	\$
Stafford loan obtained through your bank	\$
Parent loan (PLUS) obtained through your bank	\$
College Loan	\$
Other (specify)	\$

### **Part III: Household Information**

If, according to financial aid regulations, you are considered a DEPENDENT student, please complete section A. If you are considered an INDEPENDENT student, please complete section B. Complete section C if needed.

#### **Section A: Dependent Student Information**

Parents Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single	
Number of Children in Household, including applicant:	
Number of Children in college next year (including applicant)	
Father/Stepfather's occupation:	Employer:
Mother/Stepmother's occupation:	Employer:
Gross family income for 2024: (include all sources such as wage, social security, unemployment, retirement, pensions, disability, social services) \$	
Student's income for 2024 \$	Parent's estimated income for 2025 \$
Child support payments received \$	Child support paid for children not in household: \$

#### **Section B: Independent Student Information**

Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single	
Gross family income for 2024: (include all sources such as wage, social security, unemployment, retirement, pensions, disability, social services) \$	
Number of Children in Household:	Age of Children:
Child support payments received: \$	Child support paid for children not in household: \$
Number of family members in college next year (including applicant):	
Student's Occupation:	Student's Employer:
Spouse's Occupation:	Spouse's Employer:

**Section C: Unusual Family Circumstances**

If you would like us to know anything about your or your situation not covered in this application, please describe below: (use back for more space)


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

Signature of Parent/Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

Please have your guidance counselor submit a copy of your school transcript.