



# CentraState Healthcare Foundation

## ***CENTRASTATE ASSOCIATED AUXILIARIES SCHOLARSHIP APPLICATION 2025***

**Introduction:** CentraState Associated Auxiliaries consist of volunteers in your communities who work for the benefit of CentraState Healthcare System.

**Purpose:** The CentraState Associated Auxiliaries Scholarship Program will offer three (3) scholarships each year to students and adults who live and volunteer in the CentraState service area. Two will be to graduating high school seniors pursuing a career in the health care field. The third scholarship will be awarded to an adult returning to college to pursue a career in the health care field. Each scholarship will be in the amount of \$500.

**How to Apply:** Scholarship application forms must be submitted by email to Rita Sorger [teddy6133@aol.com](mailto:teddy6133@aol.com) OR mail to Mrs. Valerie Mac Phee, PO Box 32, Perrineville, NJ 08535.

**Criteria:** All applicants must submit the application form along with transcripts (for the high school seniors), two letters of recommendation (one must be from the person or organization for whom you volunteer), and the completed essay requirement.

**Time Frame:** The closing date for receipt of applications is Friday April 25th, 2025.



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## **CENTRASTATE ASSOCIATED AUXILIARIES SCHOLARSHIP APPLICATION 2025**

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

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

City, State, Zip: \_\_\_\_\_

Telephone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

High School (if applicable): \_\_\_\_\_

College Attending: \_\_\_\_\_

### **REQUIREMENTS:**

#### *High School Seniors*

1. High school transcripts
2. Two (2) original letters of recommendation, one being from your volunteer coordinator.
3. Completion of Essay (see attached).

#### *Adult*

1. College transcripts (if available).
2. Acceptance letter from college or letter from your college confirming attendance in a health care course of study.
3. Two (2) original letters of recommendation, one being from your volunteer coordinator.
4. Completion of Essay (see attached).

Applicant's signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_

If applicant is under 18 years of age.



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**ESSAY**

In a maximum of 600 words, please state your community involvement in volunteerism, the time and services you provide and your reasons for volunteering. Also include a paragraph on the health care field you have chosen to pursue and briefly describe your reasons for choosing this field.