



**THE HELEN S. RANGLES
SOCIETY OF THE UNITED HELPERS SCHOLARSHIP**

2018

Application Form

Submitted by:

Student at _____ (High School)

Health Care Career Goal: _____

Please check if applicable:

I am an employee of the United Helpers _____
United Helpers Facility Name

I am a child of an employee (_____) at the United Helpers
Parent's Name

United Helpers Facility Name

Signature of Applicant

Date Submitted

THE HELEN S. RANDLES SOCIETY OF THE UNITED HELPERS SCHOLARSHIP

DESCRIPTION OF THE AWARD

Three scholarships of \$750 each are available through the generous donation of an endowment by Helen S. Randles, who served the United Helpers organization for over 45 years as a Board Member, as President of the Society of the United Helpers, and in many other capacities during her tenure with the organization. Helen S. Randles was a firm believer in the importance of education and, in particular, the educational preparation of individuals for service in health care.

ELIGIBILITY

Scholarships are available to any high school senior in St. Lawrence County who desires to continue his/her education in the health care field. The professions that will be considered for the Helen S. Randles Scholarship are: **Nursing, Physical Therapy, Speech Therapy, Occupational Therapy, Dieticians, Clinical Psychology, Nurse Practitioner and Physician Assistant.**

INSTRUCTIONS TO THE APPLICANT

If you wish to apply for this scholarship, please complete all parts of this application form. Be sure to submit the application form and all required items in your total application package to:

Society of the United Helpers,
Helen S. Randles Scholarship
732 Ford Street
Ogdensburg, New York 13669

By **Thursday, April 12, 2018**. YOUR APPLICATION PACKAGE **MUST** INCLUDE:

- √ **Completion of all parts of this application package (A-G).**
- √ This is a highly competitive scholarship. Applications that follow the instructions carefully are essential to be fully considered.

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Application Form

A. PERSONAL DATA

Name _____
 (Last) (First) (Middle)

Address _____

Phone # : _____

Date of Birth: _____

High School: _____

Intended program of study (Major) _____
School(s) applied to/accepted by _____

List any college work or health care programs which you have completed or are presently taking:

B. ACADEMIC RECORD/PERFORMANCE REVIEW

Include with this package, a copy of your most recent high school transcript showing all academic work and grades.

C. ACTIVITIES

List your participation in three categories, under these separate headings:

1. Extracurricular School Activities
2. Community Service
3. Athletics

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Application Form (Continued)

D. HONORS OR AWARDS/ACCOMPLISHMENTS OR EXPERIENCES

List below any honors, awards, accomplishments, or experiences which the Committee should consider when evaluating your candidacy for this scholarship.

E. ESSAY

On a separate sheet of paper, submit your essay entitled “MY CAREER GOALS IN THE HEALTH CARE FIELD.” The essay should not be handwritten, it should be typed. Indicate the field of health care in which you plan to specialize, how and where you plan to prepare for this occupation, and describe your reasons for pursuing this study, the personal benefits you expect to derive, and the benefits which will accrue to society.

F. LETTER OF RECOMMENDATION

Include in this package a letter from a teacher or guidance counselor attesting to your academic success and probability for success in the health care field.

G. ONE (1) LETTER OF SUPPORT

Include in your package, one (1) letter of support from a person who knows you well and can attest to your character and work attitude.