



2015 HLNY Achievement Award of Distinction Scholarship Application

Applicant Information

Name: _____

Student ID Number: _____

Street Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

Email: _____

Preferred Method of Contact (check one): Email Phone

School Name: _____

School Address: _____

Department: _____

Anticipated Degree: _____

Anticipated Year of Completion: _____

Extracurricular Involvement: Please list all healthcare related extracurricular activities.

Essay - The applicant shall identify his or her specific career goals as a prospective healthcare leader and discuss his or her vision for the future, citing previous contributions. Responses are to be kept to a maximum of 600 words. Please provide your response in the field below.

Application Submission - Completed applications may only be submitted by email. Applications must be received by the application deadline of April 17, 2015 to be considered. Confirmation of receipt of your application will be sent upon submission via the preferred method of contact indicated in your application. If you have any questions concerning this application, please contact Stephanie Meier at spmeier1@gmail.com or (516) 663-8454.

Email completed applications to: scholarship@hlny.org