

**2026**  
**LITTLETON REGIONAL HEALTHCARE**  
**AUXILIARY SCHOLARSHIP APPLICATION**

To be eligible for one of the LRH AUXILIARY SCHOLARSHIPS, the applicant MUST:

1. Have attended one of the following high schools: Lin-Wood, Lisbon, Littleton, Profile or White Mountains Regional.
2. Be sincerely interested in pursuing a healthcare career.
3. Have been accepted by an accredited post-secondary school or college that offers training in healthcare.
4. Demonstrate a need for financial assistance.
5. Be in good standing academically.
6. To collect the scholarship, you must successfully complete your first semester with a minimum of a C or better.

**In order to help the Scholarship Committee make the best possible selection from among all candidates, the applicant should answer ALL questions and submit with the application additional requested information. Except for the name of the recipients, school to be attended and course of study, all other personal information will be kept confidential.**

Please print legibly when answering the following questions

1. \_\_\_\_\_  
 Name (first, middle, last)
  
2. \_\_\_\_\_  
 Home address Telephone
  
3. \_\_\_\_\_  
 Email address (optional)
  
4. \_\_\_\_\_  
 What school do you plan to attend
  
5. Have you been formally accepted? Yes \_\_\_\_\_ No \_\_\_\_\_
  
6. List the annual expenses at this school. (Information must be taken from the school catalog).
 

| \$      | \$         | \$    |
|---------|------------|-------|
| Tuition | Room/Board | Books |
| \$      | \$         | \$    |
| Travel  | Personal   | Total |
  
7. \_\_\_\_\_  
 Parent 1/Guardian 1
  
- \_\_\_\_\_
- Employer/Position

8.

Parent 2/Guardian 2

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Employer/Position

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9. Parent/Guardian current marital status

10. Please provide the Expected Family Contribution (EFC) amount provided at the completion of the FAFSA document process.

EFC:

\_\_\_\_\_

Please include printed page with this information.

11. Additional information-please provide the amount of tuition assistance you will receive from:

Parent 1/Guardian 1

Parent 2/Guardian 2

Scholarship/grants

Other sources

Further explanation:

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12. List the names of family/household members attending post-secondary school programs and designate from whom any/all aid is received (a) Parent/guardian 1, (b) Parent/guardian 2, (c) Scholarship/Grants, (d) Other and explain:

Name Status Location

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Name Status Location

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Name Status Location

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Name Status Location

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Name Status Location

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Explanation

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13. Please list all family member living at home and ages

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

14. Please explain any unusual financial situations in your immediate family:

\_\_\_\_\_

\_\_\_\_\_

15. Please list your employment plans for this summer (company/organization)

16. \$ \_\_\_\_\_  
I plan to earn the listed amount over the summer

17. Did you participate as a Junior Volunteer at Littleton Regional Healthcare:

| Yes | No | Number of years |
|-----|----|-----------------|
|-----|----|-----------------|

18. Explain/describe your experience as a volunteer:

\_\_\_\_\_

\_\_\_\_\_

19. Have you participated as a volunteer in any other health related area or capacity?

| Yes | No | Number of years |
|-----|----|-----------------|
|-----|----|-----------------|

Explain/describe your experience as a volunteer:

\_\_\_\_\_

\_\_\_\_\_

20. Participation as a volunteer in any community projects or activities (other than health field)?

| Yes | No | Number of years |
|-----|----|-----------------|
|-----|----|-----------------|

Explain/describe your experience as a volunteer:

\_\_\_\_\_

\_\_\_\_\_

21. Please list your past employment (part-time and summer)

\_\_\_\_\_

\_\_\_\_\_

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22. \$

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I anticipate that my financial contribution toward my first year of college will be

23. On a separate sheet of paper, please list any awards you have received and/or studies you have experienced that have greatly benefited your plans for a future in the healthcare field.
24. On a separate sheet of paper, write a statement, not to exceed 500 words, about your proposed program of study and eventual career goals. If your intended career is not directly related to healthcare, please provide justification for its connection to the healthcare field in your statements.

**In order for you to be considered for this scholarship—Here is a checklist that must be completed:**

1.  Completed application.
2.  Enclosed a list of awards/studies you have experienced that have greatly benefited your plans.
3.  Enclosed a personal statement regarding proposed program of study and eventual career goals.
4.  Included your Expected Family Contribution (EFC) provided at the completion of the FAFSA document process.
5.  Enclosed two-character references. One from a school employee and a second from someone other than a family member.
6.  Enclosed a copy of your high school transcript.
7.  Enclosed a copy of your college acceptance letter.
8.  Be a United States Citizen
9.  Optional you can submit a copy of your current resume.

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Applicant's Signature/Date

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Parent's signature to attest this information is correct.

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**Completed application must be POSTMARKED by  
Friday, April 24, 2026  
Carrie Way, RN  
Case management  
Littleton Regional Healthcare  
600 St. Johnsbury Rd  
Littleton, NH 03561  
603-444-9097**

