



The Junior Welfare League of Huntington, Inc.
Box 107 • Huntington • New York • 11743
www.jwlofhuntington.org

JWL HEALTHCARE SCHOLARSHIP APPLICATION

This scholarship is open to students residing in the Township of Huntington who are currently enrolled or accepted into an accredited healthcare program including, but not limited to, nursing, physicians' assistant, nurse practitioner, physical therapy, dental hygienist, or occupational therapy.

The following information will be kept strictly confidential. However, if necessary, The Junior Welfare League reserves the right to verify any information supplied. An income tax return may be requested at any time during the selection process. The committee may also contact potential scholarship recipients for a personal interview.

Please complete the following by answering all questions that are applicable to you either as a student or an adult applicant.

PLEASE PRINT OR TYPE

1. **Name** _____
2. **Address:** _____
3. **Phone** _____ **Email:** _____
4. **Date of Birth** _____ **Age:** _____
5. **Current School:** _____
- Annual Tuition** _____

6. **Accredited programs to which you have applied. Indicate pending with a "P" and accepted with an "A"**

7. Extra Curricular Activities (special recognition/honors/awards):

8. Community service or volunteer work:

9. Loans, grants, scholarships applied for. Indicate acceptance with "A" and state amount.

_____	\$ _____
(Name)	
_____	\$ _____
(Name)	
_____	\$ _____
(Name)	

10. FINANCIAL INFORMATION:

A. SELF

1. _____

_____	_____
(Employer name and address)	(Employee relationship to applicant)
_____	_____
(Occupation/job title)	(Hours per week) (Annual income)

B. Other (Parents/Spouse)

1. _____

_____	_____
(Employer name and address)	(Employee relationship to applicant)
_____	_____
(Occupation/job title)	(Hours per week) (Annual income)



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2. _____
 (Employer name and address) (Employee relationship to applicant)

 (Occupation/job title) (Hours per week) (Annual income)

11. Dependents:

Name:	Age	Relationship:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do any dependents contribute to the earnings of the family? _____ Amount p/year: _____

12. Please Attach a Essay explaining:

- a. Why you would like to pursue a career in healthcare?
- b. How you would benefit from this scholarship?

13. Please submit transcript.

14. Submit two dated and signed letters of recommendation from teachers, guidance counselors, and/or previous employers.

Applicant Signature _____ Date _____

Return all information requested to Inna Gellerman by February 25, 2024.

Dr. Inna Gellerman
165 Main St
Huntington NY 11743
igellerman@gmail.com

The Health Care winner will receive their award at the JWL Spring Luncheon on April 14th at the Huntington Crescent Club