

## THE HELEN S. RANDLES

## SOCIETY OF THE UNITED HELPERS SCHOLARSHIP

## **2024**

## **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 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 \$1,000 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 their 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 8101 State Highway 68 Ogdensburg, New York 13669

By Tuesday, April 2, 2024. YOUR APPLICATION PACKAGE MUST INCLUDE:

- $\sqrt{}$  Completion of <u>all</u> parts of this application package (A-G).
- $\sqrt{\phantom{a}}$  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)                                 |
| Email Address                                                         |         |                                          |
| Address                                                               |         |                                          |
|                                                                       |         |                                          |
| Phone #:                                                              |         |                                          |
| Date of Birth:                                                        |         |                                          |
| High School:                                                          |         |                                          |
| Intended program of study (Major)<br>School(s) applied to/accepted by |         |                                          |
| List any college work or health care                                  |         | u have completed or are presently taking |
|                                                                       |         |                                          |
|                                                                       |         |                                          |
|                                                                       |         |                                          |

## B. <u>ACADEMIC RECORD/PERFORMANCE REVIEW</u>

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

#### C. <u>ACTIVITIES</u>

List your participation in three categories, under these <u>separate</u> 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. <u>LETTER OF RECOMMENDATION</u>

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

#### 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 <u>character</u> and <u>work attitude</u>.