

CENTRASTATE ASSOCIATED AUXILIARIES SCHOLARSHIP APPLICATION

Introduction: CentraState Associated Auxiliaries consist of volunteers in your communities who work for the benefit of CentraState Healthcare System.

Purpose: The CentraState Associated Auxiliaries Scholarship Program will offer three (3) scholarships each year to students and adults who live and volunteer in the CentraState service area. Two will be to graduating high school seniors pursuing a career in the health care field. The third scholarship will be awarded to an adult returning to college to pursue a career in the health care field. Each scholarship will be in the amount of \$500.

How to Apply: Scholarship application forms may be obtained from high school guidance departments; from our website www.centrastatefoundation.org then click on the Auxiliaries link; or from CentraState Healthcare Foundation (732-294-7030), and must be submitted to:

Laurie Pagliarulo
Lauriepagliarulo@yahoo.com

Criteria: All applicants must submit the application form along with transcripts (for the high school seniors), two letters of recommendation (one must be from the person or organization for whom you volunteer), and the completed essay requirement.

Time Frame: The closing date for receipt of applications is April 24, 2026

**CENTRASTATE ASSOCIATED AUXILIARIES
SCHOLARSHIP PROGRAM
APPLICATION FORM**

Name: _____

Address: _____

City, State, Zip: _____

Telephone: (Day) _____ (Evening) _____

High School (if applicable): _____

College Attending: _____

REQUIREMENTS:

High School Seniors

1. High school transcripts
2. Two (2) original letters of recommendation, one being from your volunteer coordinator.
3. Completion of Essay (see attached).

Adult

1. College transcripts (if available).
2. Acceptance letter from college or letter from your college confirming attendance in a health care course of study.
3. Two (2) original letters of recommendation, one being from your volunteer coordinator.
4. Completion of Essay (see attached).

Applicant's signature: _____ Date _____

Parent/Guardian signature _____

If applicant is under 18 years of age.

***CENTRASTATE ASSOCIATED AUXILIARIES
SCHOLARSHIP PROGRAM
ESSAY***

In a maximum of 600 words, please state your community involvement in volunteerism, the time and services you provide and your reasons for volunteering. Also include a paragraph on the health care field you have chosen to pursue and briefly describe your reasons for choosing this field.