

Press Release

Lewis County General Hospital Auxiliary
Lowville, New York

Health Career Awards Offered

The scholarship committee of the Lewis County Hospital Auxiliary has announced that applications are now available in the guidance offices of all area schools and the human resources office at the hospital for the 2024 Molly Pitcher Lewis Memorial Awards to be awarded to students pursuing health-related careers, with the hope that they will return to live and work in the area.

The Hospital Auxiliary sponsors the awards in memory of Mrs. Harry (Molly Pitcher) Lewis, who help establish the Lewis County Hospital. The Memorial Fund was founded in 1957 and the Auxiliary has been providing annual scholarships since that year. Substantial awards are given each year to qualifying applicants. Applicants must be Lewis County residents, Lewis County Hospital and Nursing Home employees, or an immediate family member of a Lewis County General Hospital or Nursing Home employee. Applicants are eligible to reapply for the scholarship each year they are enrolled in a health-related curriculum/program.

Applications must be postmarked by April 01, 2024. Applications and questions should be referred to: Pam Truax (315) 376-7943 or Vickie Rounds (315) 221-0206.

LEWIS COUNTY GENERAL HOSPITAL AUXILIARY
7785 North State St., Lowville, NY 13367

TO: The Guidance Departments of Lewis County Schools, BOCES, Lewis County General Hospital Human Resources Department, and Award Applicants

FROM: The Molly Pitcher Lewis Scholarship Committee of the LCGH Auxiliary

Since 1957, the LCGH Auxiliary has awarded scholarships to local students who are pursuing careers in the field of healthcare. Named in honor of Molly Pitcher Lewis, who was instrumental in establishing Lewis County General Hospital. The scholarship was founded with the intent of fostering the education of "homegrown" healthcare professionals who would return to Lewis County to live and work, giving back to their local community.

Below are the requirements for eligibility:

- Applicant must be a resident of Lewis County or an immediate family member of a Lewis County Hospital, nursing home, or outpatient employee;
- Applicant must be enrolled into a college curriculum, certificate, or program (certified nursing assistant, LPN, etc.) leading to a career in healthcare; and
- Applicants are eligible to reapply for the award each year they remain in college, certificate, or program.

Applications must include the following:

- Completed application form, signed and dated;
- Personal essay describing your career goals and plans for meeting them, reasons for choosing the specific healthcare field, special interests, community and school activities and involvements, honors, awards, etc.;
- Current high school or college official transcript, College transcripts may be emailed directly from the school office to: mollypitcher238@gmail.com
- Two letters of recommendation attesting to your commitment and interest in a career in healthcare, work ethic, etc. Recommendations should not come from an applicant's relative. Have recommendation returned to you in a sealed envelope or emailed directly from the person writing the recommendation to: mollypitcher238@gmail.com
- Wallet-size photo suitable for publication.
- Please send all application materials to: **Pam Truax 7581 Church St Lowville, NY 13367.**

The application must be postmarked by April 1, 2024

Please email or text any questions to: Pam Truax 315-376-7943 (mollypitcher238@gmail.com), Vickie Rounds 315-221-0206 (axillary2024@outlook.com)

**MOLLY PITCHER LEWIS MEMORIAL AWARD
SPONSORED BY
THE LEWIS COUNTY GENERAL HOSPITAL AUXILIARY**

NAME _____ (circle one) **New applicant** **Reapplying**

ADDRESS _____

PHONE _____ EMAIL _____

FATHER'S NAME _____ MOTHER'S NAME _____

DATE OF GRADUATION _____ BIRTH DATE _____

Please answer the following questions:

1. Name of program _____ School/College _____

2. Total yearly expenses (including tuition, room and board, books) required by the program where you have been accepted: _____

3. Have you applied for **and/or** received any awards or financial aid? Yes _____ No _____

If yes, please list: _____

PLEDGE OF INTENT

"As a condition to the award application, I agree to repay all monies I receive from the Lewis County General Hospital Auxiliary award if I do NOT enter the program I have indicated on this application. Repayment will be required within one year upon receipt of the award. I also understand that I am eligible to reapply for this award each successive year I pursue my specified health career. My application is subject to approval by the scholarship committee each year."

SIGNATURE OF APPLICANT _____

DATE _____