



GRANBY AMBULANCE ASSOCIATION, INC.

Serving East Granby, East Hartland and Granby

One Pegville Road • Granby • CT • 06035

PHONE (860) 653-6535 FAX (860) 844-0056

SINCE 1963

March 1, 2025

TO: Prospective Applicants

RE: Mary H. Hausmann Memorial Scholarship Application, Eligibility and Award Structure

Granby Ambulance Association is offering the Mary H. Hausmann Memorial Scholarship to a graduating senior from the town of Granby or East Hartland. Initiated in 2000, this scholarship offers an annual award to a qualified student pursuing the medical profession with a primary focus on the nursing and emergency medical (paramedic or higher) fields. Granby Ambulance Association is proud to offer this scholarship as a way to give back to the Granby and East Hartland communities that we are honored to serve.

The application for the Mary H. Hausmann Scholarship is included with this cover letter. The following details outline the eligibility requirements for the award and how the award works should you be chosen as our recipient.

Eligibility:

To be considered for this scholarship, applicants need to meet the following criteria:

1. Be a resident of Granby or East Hartland.
2. Be a graduating high school senior.
3. Be seeking a career in the nursing and/or emergency medical (paramedic or higher) professions.
4. Complete the included application
5. Provide your high school transcript and any other documents you feel would be helpful towards our consideration (e.g. resume, letters of recommendation, etc.).

Award Structure:

The Mary H. Hausmann Memorial Scholarship is presented in two parts. Recipients will receive the first half upon award of the scholarship. The scholarship is usually presented as part of your high school's senior award night. The second half will be disbursed at the start of your second semester upon our receiving proof that you are enrolled in a continuing course of study in the medical field.

What you are agreeing to by signing the scholarship application:

By signing the enclosed application, you agree that you understand and commit to the following conditions if you are the scholarship recipient:

1. You agree to the two part award structure described in the above "Award Structure" section.
2. You agree to maintain contact with Granby Ambulance Association and provide proof of your second semester enrollment for purposes of receiving the second half of the award. Contacting Granby Ambulance Association at the address on the scholarship form is your responsibility in order to receive the second half of the scholarship.
3. You agree that Granby Ambulance Association may use your name and picture when promoting the scholarship or announcing current and past recipients. This may include publications on Granby Ambulance Association's website, social media outlets, town newspapers, correspondence to current and/or prospective donors to the scholarship fund and in conjunction with the Granby Ambulance Association Classic Car Show, a major fundraiser for the scholarship. Granby Ambulance Association agrees to only use this information in conjunction with the Mary H. Hausmann Scholarship to promote the scholarship or when announcing winners.



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Granby Ambulance Association, the Mary H. Hausmann Scholarship Fund and all of our many generous donors are honored to have you apply and be considered for this scholarship. We congratulate you on your upcoming high school graduation and wish you the best of luck with your future endeavors.

Sincerely,

The Mary H. Hausmann Scholarship Fund Committee:

James Hausmann

Lorri DiBattisto

Steve Wortley

Granby Ambulance Association
1 Pegville Rd.
Granby, CT 06035
860-653-6535

Mary H. Hausmann Memorial Scholarship Application

The Mary H. Hausmann Memorial Scholarship, in partnership with Granby Ambulance Association, annually awards scholarships to high school seniors from East Granby, East Hartland and Granby pursuing the medical profession with a primary focus on the nursing and/or emergency medical fields.

DEADLINE IS MARCH 31, 2025

Please discuss this application with your parents.

1. Family Data

Name: _____ Date: _____

Mailing address: _____

Email: _____ Phone: _____

School you currently attend: _____ Expected graduation date: _____

Are you currently employed: _____ If employed, where: _____

of siblings living at home: _____ # of siblings attending K-12 schools: _____

of siblings attending college or other institutions: _____

Father/Guardian's place of employment: _____

Father/Guardian's job title: _____ # of years w/employer: _____

Mother/Guardian's place of employment: _____

Mother/Guardian's job title: _____ # of years w/employer: _____

Annual household¹ income: < \$50,000, \$50-100,000, \$100-200,000, \$200,000+

2. Plans for post-secondary education

School or institution you will attend: _____

Major: _____ Current annual tuition: _____

¹ The household income includes the parent(s)/guardian(s) the student resides with.

3. List those co-curricular, extra-curricular, athletic and out-of-school activities in which you have been actively engaged, including community service and work experience in the last four years or include a resumé.

4. Financing for your first post-high school year of education:

From self and family:

- a. Savings: _____
- b. Expected summer earnings: _____
- c. Help from parents and other relatives: _____
- d. Help from other people or organizations: _____
- e. Loans: _____

Financial aid from attending institutions:

- a. Loans: _____
- b. Scholarships: _____
- c. Work study: _____
- d. Grants: _____
- e. Other _____:

5. First year remaining financial aid need:

(Total cost² - Financial aid)

\$ _____

² Total cost includes tuition, room & board, fees and books.

6. Please state in a brief paragraph your educational objectives:

I authorize the release of a copy of the _____ High School transcript to the Mary H. Hausmann Memorial Scholarship/Granby Ambulance Association to determine eligibility as a potential recipient of a scholarship. I understand and agree to the terms and conditions outlined in the attached cover letter.

Parent/guardian signature (if student is < 18)

Student signature