Yale New Haven Health Black History Month Book Award

Application and Information Packet

Yale New Haven Health
Black History Month Book Award

The Yale New Haven Health Office of Diversity, Equity, Inclusion, & Belonging is excited to announce an exciting new opportunity for students within communities across Connecticut and neighboring regions where we provide services. In celebration of the impactful contributions of African Americans to society, Yale New Haven Health introduces the inaugural Black History Month Book Award. This award will be granted to high school seniors who demonstrate a commitment to higher education, with selected essay winners receiving a one-time $1,000 award to support their first-year book expenses.

The criteria for selection are as follows:

- You must be a senior in high school pursuing higher education (i.e. trade school, college, or training program)
- Must submit proof of acceptance into trade school, college, or training program.
- Completion of the essay and submission of the application
- Two Faculty Letters of Recommendation (i.e. counselors, teachers, principals, coaches)

Essay Question:

- If you could dive into the life of a remarkable Black historical figure and tell their story, how would you capture their impact in a powerful 400-word essay? Imagine uncovering details that explain why you felt drawn to them. What wisdom or inspiration have they left behind that resonates with you? How has walking in their footsteps through research changed your perspective? And, most importantly, how can you weave their legacy into the fabric of your own life?

Documentation Submission
- Application, essay, and letters of recommendation must be submitted prior to the deadline of January 6, 2025. All documents will need to be emailed to diversity@ynhh.org.
- *Only Microsoft Word attachments or PDFs will be accepted*

Note: The Yale New Haven Health Award Committee will carefully review all submitted essays to determine the recipients of this award. While only complete application will be considered for review. Packets may be submitted without proof of acceptance; award payments will only be processed once proof has been provided. Awardees will be required to read their essay during the recognition ceremony.

Contact: If you have any questions or concerns, please reach out to diversity@ynhh.org.

Applicant Information

First Name_____ Last Name_____

Permanent Home

Mailing Address _____ Apartment # _____

City _____ State _____ Zip Code _____

Home Phone (_____) _____Cell Phone (_____) _____

Email Address _____ Date of Birth _____

Please indicate your status: _____ Male ____ Female _____ Prefer not to answer _____Other

___ American Indian / Alaska Native _____ Asian _____ Black or African America _____ Hispanic / Latino

_____ Native Hawaiian / Pacific Islander ____White _____Two or more races ___Prefer not to answer

Parent or Guardian

First Name _____Last Name _____ _____

Address _____

Relationship to Applicant _____ Home Phone (_____) _____ Cell Phone (____) _____

High School Data

School Name _____ High School Graduation Date Month _____ Year _____

City _____ State _____ Telephone (_____) _____

Post Secondary School Data

Name of Post Secondary School you plan to attend.

School _____ City _____ State _____

Major _____

School _____ City _____ State _____

Major _____

Goals and Aspirations

Applicant types a brief statement or summary of your plans as they relate to your educational and career objectives.

_____

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Applicant Check List

(_____) Completion of essay and submission of the application

(_____) Proof of acceptance into trade school, college, or training program

(_____) Two Faculty Letters of Recommendation (i.e. counselors, teachers, principles, coaches)

All materials must be emailed to diversity@ynhh.org by January 6, 2025

Yale New Haven Health has the sole responsibility for selecting the finalists based on criteria determined by the Yale New Haven Health Award Committee.

I acknowledge the decisions of Yale New Haven Health Award Committee are final. I certify that I meet the basic eligibility requirements for the award as described in the Application Packet and that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to provide proof of the information I have given on this form. This application becomes the property of Yale New Haven Health Award Committee.

Applicant's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____