

Application and Information Packet



**Yale New Haven Hospital
2023 Dr. Martin Luther King Jr.**

**HIGH SCHOOL STUDENT
AWARD**

Award Requirements Modified Due to the Covid 19 Pandemic

- Requires research on Dr. Martin Luther King Jr.
- 2 letters of recommendation from school faculty members
- Must perform research on Dr. King and read the essay during the recognition ceremony

**Application Due Date: Jan. 18, 2023
Recognition Event: Tuesday, Jan. 31, 2023**

**YALE-NEW HAVEN HOSPITAL
DR. MARTIN LUTHER KING JR AWARD
\$1,000**

Awarded to up to 4 New Haven Public School Students

In honor of the many accomplishments of Martin Luther King, Jr. and a strong belief in community service, Yale New Haven Hospital is pleased to announce it will award its annual YNHH/Dr. Martin Luther King, Jr. Award. This grant will be presented to 4 New Haven residents attending a New Haven public high school, who completed the qualifications for this award. The award will be a one-time award of at least \$1000 for each of the 4 students selected.

Each New Haven Public High School or approved New Haven Charter School is requested to encourage students to apply for the Yale New Haven Hospital/Dr. Martin Luther King, Jr. Award. The Yale New Haven Hospital Award Committee will make the final selection of the recipients.

The criteria for selection are:

- Students must be a New Haven resident and attend a high school in the New Haven Public School system or New Haven Charter School.
- **Freshmen, sophomores, juniors, or seniors may apply for this award.**
- Students must do research on Dr. Martin Luther King Jr. and submit an essay describing their research, what they have learned from his journey and how this information has affected their values. Students must submit the essay, along with this application and recommendations from two school faculty members. **Awardees must read their essays during the recognition ceremony.**
- Awardees will receive a certificate, and soon after completing the required paperwork, a check for \$1,000. YNHH's payroll department will ask awardees to submit proof of completing a W-9, which will require the awardee's address, signature and tax identification number (social security number).

Please read this information packet for additional details regarding this annual award.

The deadline for submission is [Wednesday, January 18, 2023](#). The electronic application, essay and two recommendations from faculty members should be submitted by this date.

Note: Applications must be sent as Microsoft Word Attachments or PDFs; we cannot open Google documents.

Yale New Haven Health, Institute for Excellence

Email application packets to: Cynthia.Lowman@ynhh.org

Then call to let us know that you emailed the required documents: 203.688.1085

The award recipients will be recognized on

Tuesday, January 31st, 2023, at 3:00 pm. **Location: Institute for Excellence, 300 George Street, room TBA.** Awardees will read their essays during this event.

The \$1,000.00 check will be distributed to the award recipients upon completion of the appropriate payroll paperwork. Recipients must have a valid social security number to receive the award.

YALE-NEW HAVEN HOSPITAL MARTIN LUTHER KING, JR AWARD

Application Process and Checklist

Each High School student must submit the following:

- Application completed by student
- Two faculty recommendations and completed application: (50%)
 - Completed application
 - Two recommendations from members of the student's high school faculty. Recommendations may be emailed directly to Cynthia.lowman@ynhh.org or given to the student to submit with the application.
- At least **350-word** research essay on Dr. King Jr.: (50%)
 - Research Dr. Martin Luther King Jr. and share what you have learned from his efforts, **share if he has inspired you**, and how.

(Evaluation of essay based on the extent/scope of the student's research about Dr. Martin Luther King Jr. and their interpretation of his efforts and or how this history has inspired the student)

Note: Please list your Community Service experience on the first page of the application.

To complete the electronic application – Click in the grey area of the application, type in your information. Save the document using your full name, for example, John Smith's MLK Jr. Award Application. Sign and date the application. Then email the completed application and other required documents to Cynthia.Lowman@ynhh.org

Contact Cynthia Lowman at 203.688.1085 if you have any questions.

Also, after you email your required documents, please call and leave a message to confirm that you emailed your Dr. Martin Luther King Jr. Application packet you're your message, please mention the name of each document you emailed to us, **Make sure you clearly state your telephone number** so we can confirm receipt of the application packet. Only completed packets will be reviewed for the award.

Please click in the grey box to type in the correct response in this electronic application, save with your full name and then email it to Cynthia.lowman@ynhh.org with all of the required documents.

Applicant Data:	Last Name _____ First _____ Middle Initial _____ Address _____ Apt # _____ City _____ State _____ Zip _____ Telephone _____ E-mail Address _____ Date of Birth (mo./day/yr.) _____	
Parent or Guardian Information:	Last Name _____ First _____ Middle Initial _____ Address _____ Apt # _____ City _____ State _____ Zip _____ Day Telephone _____ E-mail Address _____ Fax _____ Relationship to Applicant _____	
High School Data:	School Name _____ HS Graduation Date _____ Address _____ City _____ State _____ Zip _____ Telephone _____	
Community Volunteer Experience (unpaid):	List all your community service experience(s) for the past 12 months with the date(s) and the number of hours you worked in each experience (Total hours must be 40 hours or greater). You will describe the experiences in your essay. If you volunteered complete this section, Community Service Experience (Use an additional sheet of paper if needed) _____ _____ _____ _____ _____ _____ _____ _____	# of hours _____ _____ _____ _____ _____ _____ _____ _____

	_____	_____
	_____	_____

Activities and Awards:	Please list all school activities in which you have participated in (e.g., student government, music, sports, etc.).
	School Activities (Use an additional sheet of paper if needed) _____
Application Checklist:	All application materials must be submitted to the YNHH/MLK Community Service Award Committee on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all the following materials are received:
	<div data-bbox="391 737 1328 772"><input type="checkbox"/> Student Application signed by student, parent/guardian and School Official.</div> <div data-bbox="423 785 686 814">2 Recommendations:</div> <div data-bbox="566 844 609 873"><input type="checkbox"/></div> <div data-bbox="566 879 1078 915"><input type="checkbox"/> 2 from Faculty members of High School</div> <div data-bbox="566 924 609 978"><input type="checkbox"/></div> <div data-bbox="375 1008 417 1050"><input type="checkbox"/></div> <div data-bbox="464 1022 1456 1085">Typed up to 350-word research essay on Dr. Martin Luther King Jr. and express if it has inspired you, if so, please explain.</div>
Certification:	Yale New Haven Hospital has the sole responsibility for selecting the finalists based on criteria determined by the Yale-New Haven Hospital/Dr. Martin Luther King Community Service Award Committee.
	<div data-bbox="370 1268 1461 1451">I acknowledge decisions of Yale New Haven Hospital/Dr. Martin Luther King Jr. Award Committee are final. I certify that I meet the basic eligibility requirements of 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 information I have given on this form. This application becomes the property of Yale-New Haven Hospital/ Martin Luther King Jr. Award Committee.</div> <div data-bbox="370 1499 842 1530">Applicant's Signature _____Date _____</div> <div data-bbox="370 1560 928 1593">Parent/Guardian's Signature _____Date _____</div> <div data-bbox="370 1621 911 1654">School Official's Signature _____Date _____</div>