

**LEWIS COUNTY GENERAL HOSPITAL AUXILIARY
7785 NORTH STATE STREET
LOWVILLE, NY 13367**

January 6, 2026

Dear Guidance Counselor,

Enclosed please find an application and guidelines for the 2026 Molly Pitcher Lewis Memorial Award, sponsored by the Lewis County General Hospital Auxiliary.

This award is open to students who are pursuing a career in any healthcare field. For example any student working towards becoming a certified nursing assistant, LPN, RN, lab tech, MD, physical therapist, etc, would qualify for this award.

Please make copies as needed.

The application must be returned and POST MARKED on or before April 1, 2026. Please encourage students to mail all the required materials on or before this date.

Your office will be notified of the recipients of the award in May or early June, in time for the award to be announced at graduation. Award checks will be sent to the recipients during the summer.

Please contact us by email or text if you have any questions.

Pam Truax 315-778-5319, mollypitcher238@gmail.com
Vickie Rounds 315-221-0206

Sincerely,

Pam Truax
Vickie Rounds

2026 Hospital Auxiliary Scholarship Committee Chairpersons

LEWIS COUNTY GENERAL HOSPITAL AUXILIARY
7785 North State Street, 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. The award is 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 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 LCGH health system employee;
- Applicant must be enrolled into a college curriculum, certificate or program (CNA, LPN, etc.) leading to a career in healthcare; and
- Applicants are eligible to reapply for the award each year they remain enrolled 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. 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, dated the current calendar year.
Recommendations should not come from an applicant's relative.
Recommendations should be in a sealed envelope or emailed directly to:
mollypitcher238@gmail.com
- Wallet-size photo suitable for publication
- Send all application materials to: **Pam Truax 7581 Church Street, Lowville, NY 13367**

The Application must be postmarked by April 1, 2026

Please email or text any questions to : Pam Truax 315-778-5319 (mollypitcher238@gmail.com), or Vickie Rounds 315-221-0206 (auxillary2024@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 HS GRADUATION _____ BIRTH DATE _____

Please answer the following questions

Name of field of study _____ School _____

Estimated yearly expenses (including tuition, room and board, books) _____

Have you applied for and/ or received any financial awards or aid? _____

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 _____