JOHNSON MEMORIAL HOSPITAL
$1,000 MEDICAL STAFF SCHOLARSHIP

HIGH SCHOOL STUDENT APPLICATION

STUDENT INFORMATION	
Student Name:	**Current School attending:**
Address:	**College/University to attend:**
City/State:	**Expected Major:**
Home Phone #:	**Cumulative Average (100 pt. scale):**
Cell Phone #:	**Email:**
Number of siblings & any family members currently attending college (list names and ages):	

Complete the section below ONLY if you are a 'Student Volunteer' or the 'Child of a JMH Employee'

Father's Name if a JMH Employee:	**Occupation/ Subsidiary or Dept. of employment & years of service:**
Mother's Name if a JMH Employee:	**Occupation/ Subsidiary or Dept. of employment & years of service:**
Student Volunteer Location (Subsidiary or Department). Please list # of hours acquired and last date of service:	

CRITERIA FOR SELECTION

1. High School Graduate in 2020
2. Enrollment in an accredited 2 or 4-Year College/Program connected to Healthcare or Human Services
3. Academic success
4. Required attachments listed below
5. Special attributes, extenuating circumstances or community service history that supports why this student should be selected

REQUIRED ATTACHMENTS

- **Sealed Transcript provided by the Guidance Department**
- **Print out of SAT and/or ACT scores**
- **Signed Media Authorization release form**
- **Personal Statement (not to exceed one page)**
- **Letter of Recommendation from a non-relative**

APPLICATION DEADLINE: March 13, 2020

Application must be returned to:

Medical Staff Scholarship Program
c/o Development Department
Johnson Memorial Hospital
201 Chestnut Hill Road
Stafford Springs, CT 06076

Or via email to: Kate.SullivanVaghini@trinityhealthofne.org