

**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 JMHEmployee'**

Father's Name if a JMHEmployee:	Occupation/ Subsidiary or Dept. of employment & years of service:
Mother's Name if a JMHEmployee:	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 2021 | 3. Academic success | 5. Special attributes, extenuating |
| 2. Enrollment in an accredited | 4. Required attachments | circumstances or community |
| 2 or 4-Year College/Program | listed below | service history that supports |
| connected to Healthcare or Human | | why this student should be |
| Services | | selected |

REQUIRED ATTACHMENTS

- **Sealed Transcript provided by the Guidance Department**
- **Personal Statement (not to exceed one page)**
- **Letter of Recommendation from a non-relative**

APPLICATION DEADLINE: **March 15, 2021**

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