

**JOHNSON MEMORIAL HOSPITAL  
\$1,000 MEDICAL STAFF SCHOLARSHIP**

**HIGH SCHOOL STUDENT APPLICATION**

**STUDENT INFORMATION**

<b>Student Name:</b>	<b>Current School attending:</b>
<b>Address:</b>	<b>College/University to attend:</b>
<b>City/State:</b>	<b>Expected Major:</b>
<b>Home Phone #:</b>	<b>Cumulative Average (100 pt. scale):</b>
<b>Cell Phone #:</b>	<b>Email:</b>

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'**

<b>Father's Name if a JMH Employee:</b>	<b>Occupation/ Subsidiary or Dept. of employment &amp; years of service:</b>
<b>Mother's Name if a JMH Employee:</b>	<b>Occupation/ Subsidiary or Dept. of employment &amp; years of service:</b>

**Student Volunteer Location (Subsidiary or Department). Please list # of hours acquired and last date of service:**

**CRITERIA FOR SELECTION**

- |   |                                |   |
|---|--------------------------------|---|
| <b>1. High School Graduate in 2022</b>  | <b>3. Academic success</b>     | <b>5. Special attributes, extenuating</b> |
| <b>2. Enrollment in an accredited</b>   | <b>4. Required attachments</b> | <b>circumstances or community</b>         |
| <b>2 or 4-Year College/Program</b>      | <b>listed below</b>            | <b>service history that supports</b>      |
| <b>connected to Healthcare or Human</b> |                                | <b>why this student should be</b>         |
| <b>Services</b>                         |                                | <b>selected</b>                           |

**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: **April 1, 2022****

Application must be returned to:

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

Or via email to: [teresa.rogers@trinityhealthofne.org](mailto:teresa.rogers@trinityhealthofne.org)