

JOHNSON MEMORIAL HOSPITAL
\$1,000 MEDICAL STAFF SCHOLARSHIP

HIGHER EDUCATION STUDENT APPLICATION

STUDENT INFORMATION

Student Name:	Phone#:
Address:	Email:
City/State/Zip:	College/University to attend:
GPA:	Major or Academic Program:
<input type="checkbox"/> JMH Employee <input type="checkbox"/> Adult Volunteer <input type="checkbox"/> Prior Recipient	<i>*Please indicate your relationship by marking one of the boxes to the left</i>

Complete the section below ONLY if you are a 'JMH Employee' or an 'Adult Volunteer'

Occupation/ Subsidiary or Department where employment or volunteer service is rendered:
Years of Service (if you are an Employee):
Hours of Service (if you are an Adult Volunteer):
Notes:

CRITERIA FOR SELECTION

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

REQUIRED ATTACHMENTS

- Sealed Transcript
- Signed Media Authorization release form
- Personal Statement (not to exceed one page)
- Letter of Recommendation from a non-relative

APPLICATION DEADLINE: March 13, 2020

Applications 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