

**JOHNSON MEMORIAL HOSPITAL AUXILIARY
\$1,000 GIFT SHOP VOLUNTEER SCHOLARSHIP**

APPLICATION

STUDENT INFORMATION

Student Name:	Current School being attended:
Address:	College/University to attend:
City/State/Zip:	Expected Major:
Home phone #:	Cumulative Average (100 pt. scale):
Cell phone #:	Email:

VOLUNTEER INFORMATION

start date:
total hours of service:

CRITERIA FOR SELECTION

1. High School Graduate by 2020	3. Volunteer at the JMH Auxiliary Gift Shop	6. Special attributes, extenuating circumstances or community service history that supports why this student should be selected
2. Enrollment in an accredited two or four year College/Program	4. Academic success	
	5. Required attachments listed below	

REQUIRED ATTACHMENTS

<ul style="list-style-type: none">▪ 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)
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APPLICATION DEADLINE: March 13, 2020

Application must be returned to: JMH Auxiliary Gift Shop Volunteer Scholarship Program
c/o Development Department
Johnson Memorial Medical Center
201 Chestnut Hill Road
Stafford Springs, CT 06076

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