

**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 2019 | 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
- 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 15, 2019

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:

MaryCatherine.SullivanVaghini@stfranciscare.org