

Home & Community Health Services  
\$1,000 Jewel Epstein Scholarships

APPLICATION

**STUDENT INFORMATION**

Student Name:	School Currently Attending:
Address:	Cumulative Average (100 pt scale):
City/State/Zip:	Email:
Home phone #:	Cell phone #:

*(Please submit a typed personal statement that addresses the items listed below)  
#’s 1 & 2 should be written in paragraph form while #’s 3 - 6 may be listed in bullet point format*

1. Your expected Area of Study
2. Why you have chosen to pursue this course of study
3. Name(s) of school(s) at which you have been accepted
4. Indicate any scholarships and/or awards you have already received
5. List extra-curricular activities/indicate years of participation
6. List any positions of leadership

**CRITERIA FOR SELECTION**

- |  |                                      |   |
|--|--------------------------------------|---|
| 1. High School Graduate in 2017  | 3. Academic success                  | 6. Special attributes, extenuating circumstances or extraordinary service history that supports why this student should be selected |
| 2. Enrollment in an accredited 2 or 4-Year College/Program connected to Healthcare or Human Services | 4. Required attachments listed below |   |
|  | 5. Personal Statement                |   |

**REQUIRED ATTACHMENTS**

- Sealed Transcript provided by the Guidance Department
- Print out of SAT and/or ACT scores
- Signed Media Authorization release form
- Typed Personal Statement

**APPLICATION DEADLINE: March 17, 2017**

Application must be returned to: H&CHS Jewel Epstein Scholarship  
C/o Development Department  
Johnson Memorial Medical Center  
201 Chestnut Hill Road  
Stafford Springs, CT 06076

Or via email to: [Kate.SullivanVaghini@immc.com](mailto:Kate.SullivanVaghini@immc.com)