

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

**HIGHER EDUCATION STUDENT APPLICATION**

<b>STUDENT INFORMATION</b>		
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>	
<b style="color: red;">Complete the section below if you are a 'JMH Employee' or an 'Adult Volunteer'</b>		
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:		
<b>CRITERIA FOR SELECTION</b>		
<b>1. Enrollment in an accredited 2 or 4-Year College/Program connected to Healthcare or Human Services</b>	<b>2. Academic success 3. Required attachments listed below</b>	<b>4. Special attributes, extenuating circumstances or extraordinary service history that supports why this student should be selected</b>
<b>REQUIRED ATTACHMENTS</b>		
<ul style="list-style-type: none"> <li>▪ Sealed Transcript</li> <li>▪ Signed Media Authorization release form</li> <li>▪ Personal Statement (not to exceed one page)</li> <li>▪ Letter of Recommendation from a non-relative</li> </ul>		
<b>APPLICATION DEADLINE: <span style="color: red;">March 17, 2017</span></b>		

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@jmhc.com](mailto:Kate.SullivanVaghini@jmhc.com)