

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

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 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 2017 | 3. Academic success | 5. 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 | |

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 17, 2017**

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: Kate.SullivanVaghini@jmhc.com