# SOUTH COUNTY HOSPITAL MEDICAL STAFF SCHOLARSHIP FUND APPLICATION FORM 2024

The South County Hospital Medical Staff Scholarship Fund is used to assist graduating seniors interested in working in the health care field.

These awards shall be made for direct support of course fees/purchase of books/tuition assistance. Multiple scholarships are awarded on an annual basis.

This scholarship is intended to assist a graduating high school senior in his or her future endeavors in securing a position in a health care profession. The final vocational interest could include such diverse areas as medicine, dentistry, nursing or physical therapy. The initial screening process will be performed by the individual's school faculty members who are responsible for this type of procedure and should be based on academic performance, extracurricular activities, a 500 word essay, in addition to the individual's expressed interest in a health profession career. The schools are encouraged to nominate their two very best candidates with an emphasis on academic performance — no applications directly from students will be accepted. The final process will include a brief interview with the Scholarship Committee in May.

### SELECTION CRITERIA

In order to qualify as an applicant, you must meet the following criteria:

- € Be a graduating high school senior of a high school in South County
- ⊕ Be accepted or enrolled in an education program working toward a degree in a health carerelated field.

## A COMPLETE APPLICATION INCLUDES:

- € A completed application form
- € One 500 word essay
- € A transcript from your high school
- € Two letters of recommendation

#### DEADLINE

<u>Guidance Counselors</u>: Please mail this application and associated required documents NO LATER THAN APRIL 12, 2024 to:

Kace Quinn Medical Staff Office South County Hospital 100 Kenyon Avenue Wakefield, RI 02879

No applications will be accepted directly from students. Please direct any questions concerning this application to Kace Quinn, Medical Staff Coordinator, at 401-788-8757 or kquinn@southcountyhealth.org

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Name:		
Home address (please remember to	include town/city):	
Telephone Number:	Cell Phone:	
Email:		
College Degree/Certificate Sought	(field of study):	
Expected College Graduation Date:	-	
College you will be attending:		
Arc you: □Accepted □En	rolled	on
Name of High School:		
Are you employed? □Yes	□No If yes, where:	
How many hours per week do you	work?	
Will you continue to work while in	college?	
How much of your earnings do you	plan to contribute toward you	r education?
Have you been notified that you wi	Il be receiving any financial ai	d? □Yes □No
If yes, please describe:		
Please list universities/colleges who	ere you have applied:	
Please list names and ages of siblin	gs (if applicable):	
Name	Ag	ge Relationship

# SOUTH COUNTY HOSPITAL MEDICAL STAFF SCHOLARSHIP FUND APPLICATION FORM 2024

Father's Name:	Occupation:		
Address:			
Street	City	State	Zip
Mother's Name:	Occupation:		
Address:	Giv	State	
Please describe additional informatio asked in this application (i.e., excessi	ve medical or dental bills, d	isabilities, other hardsl	nips, etc.)
To the best of my knowledge, all of t	he preceding information is	accurate and true.	
Applicant's signature		Date signed	
Parent's or Guardian's signature		Date signed	

## PLEASE ATTACH THE FOLLOWING:

- An essay of no more than 500 words explaining how you chose your intended career/job training, and how this scholarship can help you achieve your goals in the medical field
- > Two letters of reference
- > Transcript from your high school, if available.

All materials must be submitted by your guidance counselor by April 12, 2024, to:

Kace Quinn
Medical Staff Office
South County Hospital
100 Kenyon Avenue
Wakefield, RI 02879
kquinn@southcountyhealth.org

Thank you