

***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 care-related field.

A COMPLETE APPLICATION INCLUDES:

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

DEADLINE

Guidance Counselors: 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: _____

Are you: ☐ Accepted ☐ Enrolled ☐ Awaiting a Decision

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 your education? _____

Have you been notified that you will be receiving any financial aid? ☐ Yes ☐ No

If yes, please describe: _____

Please list universities/colleges where you have applied: _____

Please list names and ages of siblings (if applicable):

| Name | Age | Relationship |
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