

## Scholarship Application Submission Deadline: May 5, 2023

APPLICANT INFORMATION	
Name:	Phone #:
Address:	Email:
City/State/Zip:	Major/Field of Study:
College/University to attend or are currently attending:	Degree:
	Bachelor of Science:
	Associate of Science:
	Other:
*Attach a copy of your acceptance letter*	
	ON CRITERIA
	t only one)
ar army mornior or air active came mary c	Name of Alumni Member:
	Relationship to:
	Year of Graduation:
	Name of family member:
	Relationship to:
	Department:
	Department:
	Date of Hire:
	Colleague ID:
REQUIRED ATTACHMENTS	
Essay	
(Please complete and attach an essay on one of the following topics)	
1. Where do you see yourself in the future of health	
• • • • • • • • • • • • • • • • • • • •	ary's Hospital scholarship? What is your connection to
SMH and/or the greater Waterbury community?	
	munity Experience
On a separate page, please list any volunteer/communication have.	nity experience/hobbies/extracurricular activities you may
Two Letters of	Recommendation
Copy of Acceptance Let	ter From College/University
Olima atoma	Data
Signature:	Date:
Please mail this application with required attachments	to: Ann Ferraro Saint Mary's Hospital 56 Franklin Street Waterbury, CT 06706 Or via email – aferraro@trinityhealthofne.org

Submission Deadline: May 5, 2023 at 4:00 pm Mark Your envelope personal/confidential

Late or incomplete submissions will not be considered
Thank you for your submission!