



Saint Mary's Hospital  
Trinity Health

**Scholarship Application Form**  
**Submission Deadline: May 6**

**Please select the Scholarship you are applying for:**

- Scholarship for Finance Majors:** \_\_\_  
**Saint Mary's Hospital Volunteer Fund:** \_\_\_  
**Colleague Scholarship Fund:** \_\_\_  
**Wamogo High School Student Fund:** \_\_\_  
**Nursing & Allied Health Related Funds:** \_\_\_  
**School of Nursing Alumni Fund:** \_\_\_

**Please complete all information.**

**Applicant Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Name of High School you graduated from:**

High School: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ GPA: \_\_\_\_\_

**College/University you have been accepted to or are attending:**

Name of School: \_\_\_\_\_

Attach a copy of your acceptance letter.

**Degree Pursuing:**

Bachelor of Science: \_\_\_\_\_ Associate of Science: \_\_\_\_\_ Other: \_\_\_\_\_

**Please list any volunteer experience/hobbies/extracurricular activities you may have:**

**Essay** – please complete and attach an essay on one of the following topics:

1. Where do you see yourself in the future of health care?
2. Why would you be a good recipient for a Saint Mary’s Hospital scholarship?
3. What attracted you to this career path?

**Transcript** – attach a copy of your current academic transcript.

**Recommendation Letters** – attach two recommendation letters.

If you are referencing a SMH School of Nursing Graduate, you will need the year of graduation:

---

If you are referencing an immediate family member, you will need their name and department:

---

If you are a SMH colleague, you will need your employee ID and date of hire:

---

If you are a SMH Active Volunteer, you will need your volunteering department and month/year started:

---

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail this application with your acceptance letter, essay, transcript, and recommendation letters to:

Ms. Ann Ferraro  
Saint Mary’s Hospital  
56 Franklin Street  
Waterbury, CT 06706  
or via email, [aferraro@trinityhealthofne.org](mailto:aferraro@trinityhealthofne.org)

**Submission Deadline: May 6**

**PLEASE MARK YOUR ENVELOPE PERSONAL/CONFIDENTIAL.**

Thank you for your submission!