



**Scholarship Application**  
**Submission Deadline: May 6, 2022**

**Please complete all information**

**Applicant**

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 if you are a new admit.

**Degree and Field of Pursuit:**

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

Major/Field of Study: \_\_\_\_\_

**Please list any volunteer/community 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? What is your connection to SMH and/or the greater Waterbury community?

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

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

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

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

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

Please mail this application with your acceptance letter, essay, 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)

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**PLEASE MARK YOUR ENVELOPE PERSONAL/CONFIDENTIAL  
Late or incomplete submissions will not be considered**

Thank you for your submission!