



Saint Anne's Hospital
Community Health Benefits
Multicultural Health Committee
Scholarship Criteria
Academic Year 2016-2017

In an effort to reduce barriers and improve access to education to our culturally diverse community, Saint Anne's Hospital will offer **three \$1000 scholarships** to local students pursuing a health care career and **two \$500 scholarships** to students pursuing National Medical Interpreter Certification. The scholarships are awarded to community individuals, to Saint Anne's Hospital employees and their immediate family members.

The MHC Scholarship candidate must meet the following criteria to be eligible for one of the \$1000 scholarship awards:

1. Must be bicultural and/or bilingual.
2. Must be a resident of the Greater Fall River area: Dighton, Fall River, Freetown, Rehoboth, Swansea, Somerset, and Westport, Massachusetts to include Tiverton and Little Compton, Rhode Island. (*This requirement is waived for employees and their immediate family members*).
3. Must be entering or pursuing a degree in nursing and/or health care related profession at an accredited college, university, or enrolled in a program leading to eligibility of state license / certification.
4. Must be a graduating high school senior, college student or enrolled in a program leading to eligibility of state license / certification.
5. Must provide the original GED certificate if applicable.
6. Complete, in full the application entitled *Saint Anne's Hospital Community Health Benefits Multicultural Health Committee Scholarship Application*.
7. Use the award during 2016-2017 academic year.

To eligible for one of the **\$500 National Medical Interpreter Certification Scholarship award**, candidates must meet the additional criteria:

1. Must have worked as a Medical Interpreter for two or more years.
2. Must have a certificate of completion of a 45 to 60 hour medical interpreter training.

The Scholarship Committee reserves the right to re-allocate the scholarship money to a different category if an insufficient number of qualified applicants do not meet the requirements for any of the given categories.

Deadline for submission of application is **Friday, May 6, 2016**. Applications must be returned to:

Saint Anne's Hospital
Community Health Benefits
Multicultural Health Committee Scholarship
c/o Natalia C. Konarski
Interpreter Services
795 Middle Street
Fall River, MA 02721

Scholarship award winners will be notified by telephone. At this time recipients will be required to forward proof of acceptance to College/University or state license/certification program. Scholarships will be awarded to recipients in June. Further information concerning the scholarships can be obtained by calling Natalia C. Konarski at (508) 235-5234.



**Saint Anne's Hospital Community Health Benefits
Multicultural Health Committee Scholarship Application
Academic Year 2016-2017**

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Social Security Number _____

Please check one Employee of Saint Anne's Employee Relative Community

College/University or license/certification program applied to/attending:		
Name	Location	Accepted
_____	_____	_____
_____	_____	_____
_____	_____	_____

Major _____ Minor _____

Activities and offices held and participated in:

High School	College/University	Community
_____	_____	_____
_____	_____	_____
_____	_____	_____

Awards/honors _____

Work Experience:

Organization	Dates	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____

Volunteer Experience:

Organization	Dates	Position
_____	_____	_____
_____	_____	_____

Estimated cost of tuition for 2016-17 academic year? _____

Sources of funds for education: _____

Scholarships awarded or financial aid given. Please list name, amount and date received:

Have you been awarded the Multicultural Health Committee Scholarship? ___Yes ___No

If yes, please specify date(s): _____

Specify language and level of proficiency (read, write and speak): _____

Language(s) spoken at home: _____

To complete your application, please attach:

1. An essay of no more than three paragraphs stating your career goals and how your bicultural and/or bilingual background will assist you.
2. An original high school transcript which includes your class rank.
3. Original GED certificate if applicable.
4. A most recent college/university transcript if applicable.
5. Proof of enrollment in a program leading to eligibility of state license / certification.
6. Two current original letters of reference from:
 - Your guidance counselor or advisor
 - A personal reference (from someone else, other than counselor/advisor)

Applicant's Signature _____ Date _____

Please return completed packet to:

**Saint Anne's Hospital
Community Health Benefits
Multicultural Health Committee Scholarship**
c/o Natalia C. Konarski
Interpreter Services
795 Middle Street
Fall River, MA 02721

Packets which are incomplete as of the deadline, Friday, May 6, 2016 at 4:00 p.m., will not be considered for the scholarship.