



SAINT ANNE'S HOSPITAL INVITES APPLICATIONS FOR THE

SAINT ANNE'S HOSPITAL MEDICAL STAFF SCHOLARSHIP IN HONOR OF A DISTINGUISHED PHYSICIAN

2018

H. IVAN DURAN, M.D., MEMORIAL SCHOLARSHIP AWARD

The scholarship candidate must meet the following criteria to be eligible for the \$3,000 award:

1. A member of the greater Saint Anne's Hospital family: employee, family member of employee, medical staff family member.
2. Entering or pursuing a degree in nursing, allied health or other health care profession at an accredited college, university, technical school, etc.
3. A graduating high school senior or currently enrolled student.
4. Completion of the 2018 H. Ivan Duran, M.D., Memorial Scholarship application.
5. Able to use the Award during the 2018-2019 academic year.

Deadline for submission of applications is 4:00 PM, Monday, April 30, 2018.

Further information concerning the scholarship can be obtained from the Saint Anne's Hospital Medical Staff Office, 508-674-5600, extension 2002.

**SAINT ANNE’S HOSPITAL MEDICAL STAFF SCHOLARSHIP IN HONOR
OF A DISTINGUISHED PHYSICIAN**

2018

**H. IVAN DURAN, M.D. MEMORIAL SCHOLARSHIP AWARD
SCHOLARSHIP FUND APPLICATION – SAH FAMILY**

Name _____

Address _____

Telephone _____

SAH Family Member: _____

Institution(s) applied to/attending:

Name	Location	Accepted
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Major _____ Minor _____

List high school, college, and community activities you participated in:

Offices held _____

Awards/honors _____

Volunteer & work experience:

Organization	Dates	Position

Estimated cost of tuition for 2018-2019 academic year? _____

How do you plan to fund your education? _____

Have you been awarded any other scholarships or financial aid? Please list name and amount _____

Summary of your career goals:

To complete your application, please attach:

- An **official** high school transcript which includes your class rank, if applicable
- An **official** current college/university, etc. transcript, if applicable
- A letter of reference from each of the following:
 - Your guidance counselor or advisor
 - A personal reference, preferably someone with whom you have worked

Applicant's Signature _____ Date _____

Packets which are incomplete as of the deadline, Monday, April 30, 2018, will not be considered for the scholarship. Please return applications to: 2018 H. Ivan Duran, M.D., Memorial Scholarship Award, Saint Anne's Hospital Medical Staff Office, 795 Middle Street, Fall River, Massachusetts 02721-1798. All financial awards will be made payable directly to the institution you will be attending.

Plan for a career in Health Care