



## **SAINT ANNE'S HOSPITAL INVITES APPLICATIONS FOR THE**

**MASSACHUSETTS RHODE ISLAND IPA  
2018**

**MALCOLM W. MACDONALD M.D., MEMORIAL SCHOLARSHIP AWARD**

The scholarship candidate must meet the following criteria to be eligible for the \$1,000 award:

1. A pre-med student, medical student, nursing student or individual entering or pursuing a degree in allied health or other health care profession at an accredited college, university, technical school, etc.
2. Able to provide documentation of special projects, such as providing care to underserved areas in need of medical/educational services.
3. A graduating high school senior or currently enrolled student from the Greater Fall River area, as well as Newport and Bristol counties RI.
4. Completion of the 2018 Malcolm W. MacDonald, 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.

**MASSACHUSETTS RHODE ISLAND IPA**

**2018**

**MALCOLM W. MACDONALD, M.D., MEMORIAL SCHOLARSHIP AWARD**

**SCHOLARSHIP FUND APPLICATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Institution(s) applied to/attending:

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

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? \_\_\_\_\_

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

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Summary of your career goals:

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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 Malcolm W. MacDonald, 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**