

Saint Anne's Hospital

A STEWARD FAMILY HOSPITAL



SAINT ANNE'S HOSPITAL INVITES APPLICATIONS FOR THE

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

2019

CARMELA SOFIA, M.D., SCHOLARSHIP AWARD

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

1. A resident of the greater Fall River area to include Assonet, Berkley, Dighton, Fall River, Freetown, Rehoboth, Swansea, Somerset, or Westport, Massachusetts, as well as Tiverton and Little Compton, RI.
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 2019 Sofia Carmela, M.D., Scholarship application.
5. Able to use the Award during the 2019-2020 academic year.

Deadline for submission of applications is 4:00 PM, Tuesday, April 30, 2019.

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**

2019

**SOFIA CARMELA M.D., SCHOLARSHIP AWARD
SCHOLARSHIP FUND APPLICATION – COMMUNITY**

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 2019-2020 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, Tuesday, April 30, 2019, will not be considered for the scholarship. Please return applications to: 2019 Sofia Carmela, M.D. 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