

# **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**

### **JOHN ARCURI, M.D., 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 2019 John Arcuri, 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  
JOHN ARCURI, M.D. 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 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 John Arcuri, 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**