

# St. Elizabeth's Medical Center

A STEWARD FAMILY HOSPITAL



## Allston-Brighton Scholarship Application

Please mail six (6) copies of completed application and supporting materials to:

**Rosie Hanlon**  
**C/O Jackson Mann Community Center**  
**500 Cambridge Street**  
**Allston, MA 02134**  
**talkhanlon@aol.com and semccommunitybenefits@steward.org**

This scholarship is a direct result of a neighborhood partnership between St. Elizabeth's Medical Center (SEMC) and the residents of Allston and Brighton. In order to be eligible for this scholarship, all applicants *must* be residents of Allston or Brighton (*for a minimum of 5 years*) with proof of residency. All applicants *must* be accepted and enrolled to an accredited college, university, or program in pursuit of a career in health care.

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### **APPLICANT INFORMATION**

Applicant: \_\_\_\_\_ DOB: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Phone number: \_\_\_\_\_  
*Home* *Cell*

E-Mail address: \_\_\_\_\_

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### **ACADEMIC INFORMATION**

❖Please provide transcripts❖

Current School: \_\_\_\_\_

School Address: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

**College/University Information (must be enrolled)**

College/University: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Major: \_\_\_\_\_ Expected Grad Date: \_\_\_\_\_

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**EMPLOYMENT INFORMATION**

❖ If applicable, complete this section and attach a resume ❖

Current Employer and Address: \_\_\_\_\_

Position: \_\_\_\_\_ Length of Employment: \_\_\_ Years \_\_\_ Months

Will this job continue during the academic year? \_\_\_\_\_

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**ADDITIONAL INFORMATION**

❖ All applicants must complete this section - please use a separate sheet of paper if necessary ❖

a. Why are you seeking financial assistance?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. How will you finance all other educational expenses? What (if any) other scholarships or grants have you received?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. What are your career goals and aspirations?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. List extracurricular and volunteer activities in your community.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### **REFERENCES**

❖ Please list three (3) non-family member references ❖

Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Phone #: \_\_\_\_\_

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### **INSTRUCTIONS**

- Please attach all supporting materials including official transcripts, resumes, and other information that will assist the committee in assessing your application.
- Proof of residency can include driver's license, utility bill, deed or lease, or other relevant documentation. **Please be sure to provide at least two (2) proofs of residency.**
- Please include a copy of a college application essay (or personal statement essay).
- Please include a letter of personal recommendation (may not be a family member).
- Applications received after **5:00pm on JULY 1, 2022** will ***not*** be considered.
- Applicants must provide all of the above information (no exceptions) and otherwise will be disqualified from the selection process.
- **Please include six (6) copies of all application materials.**