



Southcoast® Health

The Auxiliary of Charlton Memorial Hospital

THE AUXILIARY OF CHARLTON MEMORIAL HOSPITAL
HEALTH CAREER SCHOLARSHIP APPLICATION 2019 (please print and do not staple)

NAME _____

ADDRESS _____

EMAIL ADDRESS _____

CELL PHONE _____ HOME PHONE _____

Education of Applicant:

High School _____

Which college will you attend in the fall?

What will be your field of study?

This application must be returned no later than Monday, April 1, 2019 with:

1. A written reference from your Guidance Counselor
2. A written reference from a person other than a relative
3. High School transcripts
4. A copy of your acceptance letter(s)
5. A short essay explaining why you have chosen this field
6. Listing of volunteer experiences, work experiences, and extra curricular activities

(DO NOT STAPLE FORMS)

Please mail to:
The Auxiliary of Charlton Memorial Hospital
Joanne Sleep.
363 Highland Avenue
Fall River, MA 02720

Any questions? Call Joanne Sleep 508-973-7537.
Reminder: A Minimum Grade Point Average of 3.0 for your first semester of college is required to receive the scholarship.

If you are asked to come in for an interview, please dress appropriately!