

**MARLBOROUGH HOSPITAL HERBERT "BUSTER" MACLAREN
2018 SCHOLARSHIP APPLICATION**

SCHOLARSHIP APPLICANTS MUST BE SENIORS WHO RESIDE OR ATTEND SCHOOLS IN THE FOLLOWING COMMUNITIES:
BERLIN, BOLTON, HUDSON, MARLBOROUGH, NORTHBOROUGH, SOUTHBOROUGH OR STOW
AND ARE PURSUING A CAREER IN NURSING

NAME

FIRST

MIDDLE

LAST

ADDRESS

STREET

CITY

STATE ZIP

TELEPHONE _____

E-MAIL _____

HIGH SCHOOL _____

PARENT(S)/GUARDIAN(S) NAME AND CONTACT INFORMATION

**PLEASE LIST ANY ACADEMIC, COMMUNITY AND EXTRA-CURRICULAR ACTIVITIES, PERTINENT INTERESTS AND HOBBIES
ACHIEVEMENTS, HONORS, ETC.**

ARE YOU PRESENTLY EMPLOYED? _____ **IF YES, WHAT DO YOU DO?** _____

SCHOOL (COLLEGE OR UNIVERSITY YOU PLAN TO ATTEND) _____

HAVE YOU BEEN ACCEPTED? _____

PROGRAM OF STUDY INTERESTED IN PURSUING _____

ARE YOU A PAST OR PRESENT HOSPITAL STUDENT VOLUNTEER WITH A MINIMUM OF FIFTY HOURS A YEAR? _____

WHAT YEARS DID YOU VOLUNTEER? _____

THE APPLICATION MUST BE POSTMARKED BY MARCH 31, 2018 AND INCLUDE THE FOLLOWING.

- 1) COMPLETED APPLICATION
- 2) PERSONAL STATEMENT OF NO MORE THE 500 WORDS "WHY I AM CHOOSING NURSING AS MY FUTURE CAREER"
- 3) THREE LETTERS OF RECOMMENDATION
- 4) OFFICIAL ACADEMIC TRANSCRIPT

PLEASE SUBMIT YOUR APPLICATION TO:

Marlborough Hospital Education Department
Herbert "Buster" MacLaren Scholarship Committee
157 Union Street
Marlborough, MA 01752