

**DEBORAH A. STENCEL
2018 SCHOLARSHIP APPLICATION**

SCHOLARSHIP APPLICANTS MUST HAVE COMPLETED THEIR JUNIOR SEMESTER DURING THE SPRING/SUMMER AND WILL BE ENTERING THEIR FINAL/SENIOR SEMESTER IN THE FALL (GRADUATION IN DECEMBER)

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
- 3) TWO LETTERS OF RECOMMENDATION
- 4) OFFICIAL ACADEMIC TRANSCRIPT

PLEASE SUBMIT YOUR APPLICATION TO:

Marlborough Hospital Education Department
Deborah A. Stencil Scholarship Committee
157 Union Street
Marlborough, MA 01752