



Allston-Brighton Scholarship Application

Please mail eight (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

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 or university in pursuit of a career in health care.

APPLICANT INFORMATION

Applicant: _____ DOB: _____

Permanent Address: _____

Phone number: _____
Home *Cell*

E-Mail address: _____

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: _____

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? _____

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.

REFERENCES

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

Name: _____ Years Known: _____

Phone #: _____

Name: _____ Years Known: _____

Phone #: _____

Name: _____ Years Known: _____

Phone #: _____

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 March 8, 2019** 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 eight (6) copies of all application materials.**