

February 11, 2021:

To Whom It May Concern:

Enclosed is a master copy of the Northeast Hospital Corporation Medical Staff scholarship application for 2021. We hope students interested in health care careers will apply for the Northeast Hospital Corporation Medical Staff scholarship of \$3,000.00. Students from high schools in our service area have been invited to apply for this scholarship.

Applicants must be accepted in a program related to the medical or dental field; i.e., pre-med, pre-dental, physician assistant training, nursing, therapy, laboratory or radiologic technology, dental hygiene, etc. A total of five scholarships will be awarded and selection of recipients will be made by the Northeast Hospital Corporation Scholarship Committee.

Please have your students submit the application, essay and a transcript of grades no later than **Friday, April 9, 2021.**

Should you or your students have any questions, please do not hesitate to call me. We are pleased to again include your school in our scholarship offering.

Sincerely,

Amy McIntire,
Manager, Medical Staff Services and Credentialing
Beverly Hospital a member of Lahey Health
(P) 978-816-2841
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Amy.mcintire@lahey.org

**NORTHEAST HOSPITAL CORPORATION MEDICAL STAFF
2021
SCHOLARSHIP APPLICATION**

The information submitted in this application will be kept in strict confidence by the Northeast Hospital Corporation Medical Staff Scholarship Committee.

IMPORTANT INFORMATION

***** You may apply for this scholarship if you are a local area senior high school student (within our service area), that will be entering your freshman year in college to pursue education in the medical field **OR** if you are an employee of Northeast Hospital Corporation who is personally pursuing an education in the medical field **OR** if you are a child of an employee that will be pursuing education in the medical field and you are entering your freshman year in college.

**** For the purposes of this application, the “medical field” is considered: undergraduate education leading to medical school, any nursing, physician assistant, social worker or psychology degree, nutrition, physical or occupational therapy, radiation, surgical technology or other “tech” programs, undergraduate education leading to dental school, etc.

If you are unclear if you qualify, please contact the Medical Staff Office at PH. 978-816-2732 for clarification.

***** Applicants should understand that it will be required that you submit your acceptance letter to college prior to any award being granted and that if change in college program occurs counter to this application, the award may be rescinded.

***** If you have previously been awarded this scholarship, you are not eligible to apply again even if you meet other qualifying criteria.

***** Applicants are required to submit current high school or college transcripts with this application or indicate that transcript information will be sent to us directly from the school. **It is the responsibility of the applicant to make sure that we have received ALL necessary documents.**

Name _____

Nickname: (what do you like to be called) _____

Primary Contract Phone Number: _____

Cell Phone: _____

Address _____

City _____ State _____ Zip _____

E-Mail Address: _____

Father's Occupation _____ Mother's Occupation _____

Father's Average Annual Income _____ Mother's Average Annual Income _____

How many brothers? _____ Ages _____

How many sisters? _____ Ages _____

Will any of the above be attending college when you are?

Describe any unusual circumstances or financial expenses in your home or business in the past year or years which might adversely affect your ability to pay for educational expenses.
(Example: Major wage earner in family unexpectedly unemployed; extensive medical expenses for a member of the family; parents divorced; parent deceased or other pertinent circumstances)

Name of college or school you plan to attend _____

Major area of study _____

Briefly state your reason(s) for selecting the above named school and the objective toward which you are working.

What are your outside interests and hobbies?

As parent-guardian of the applicant named herein, I have read the enclosed statements and vouch for their authenticity. This application is being made with my full knowledge and approval.

Signature of parent or guardian _____ Date _____

Signature of applicant _____ Date _____

BUDGET FOR FIRST YEAR OF COLLEGE

PROPOSED EXPENDITURES:

Tuition _____
Incidental fees _____
Room _____
Board _____
Transportation _____
Textbooks and supplies _____
Clothing and Personal Expenses _____
TOTAL: _____

AVAILABLE FUNDS

Funds available now from your own savings and earnings to be applied toward college expense:

\$ _____

Estimated amount from this summer's earnings to be applied toward college expense:

\$ _____

Amount of estimated expenses to be paid by parents:

\$ _____

Funds available from other sources (educational insurance, loans, gifts, etc.)

\$ _____

TOTAL: \$ _____

Have you applied for or received any student assistance either as scholarship or loan aid toward your college education? If yes, complete the following:

School or Organization	Amount Applied for	Amount granted (if known)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Carefully consider the following questions and write an essay of no more than 600 words.

1. Why are you interested in the medical field?
2. Have you worked, studied or volunteered for experience in this field?
3. What do you know about the field?
4. Why do you think you would be successful?

Please submit your application, essay and a transcript of grades no later than Friday, April 9, 2021 to:

******APPLICATIONS RECEIVED AFTER THIS DATE AND TIME WILL NOT BE CONSIDERED**

SCAN TO: amy.mcintire@lahey.org

OR:

Mail to:

Beverly Hospital
85 Herrick Street
Beverly, Massachusetts 01915
Attn: Amy McIntire, Manager, Medical Staff Services

OR:

via fax: (978) 921-7048

OR: Drop off in person/Medical Staff Office- Beverly Hospital.