

Landmark Medical Staff Scholarship Application
Application for Landmark Employees

I, _____ have read and understand the conditions of the Landmark Medical Staff Scholarship. I affirm that I plan to pursue a career in a healthcare field as defined in this document. I give permission to officials of my institution to release transcripts of my academic record and other information requested for consideration in the Landmark Medical Staff Scholarship program. I understand that this application will be available to qualified people who need to see it during the its review. I waive the right to access letters of recommendation written on my behalf. I affirm the information contained herein is true and accurate to the best of my knowledge and belief.

Date _____ Signature _____

Legal name in full _____
Last Name First Name M.I.

Permanent residence _____
Number, Street and Apartment Number

City State Zip

Your address at school _____
(if different) Number, Street and Apartment Number

City State Zip

Home Telephone () _____

School telephone () _____

Email address _____

Total number of credits required for graduation _____

Expected date to receive degree _____ What degree you will receive _____

Eligibility Criteria

1. Be a Landmark employee of at least 20 hours.
2. Have and maintain a cumulative GPA of at least 3.0.
3. Be eligible to attend an accredited college or university.
4. Intend to study and pursue a career in healthcare.

Name _____

Requirements

- Employees with plans to continue a career in medical or healthcare field. i.e.: Physician, Nurse, Lab Technician, Physical Therapist, Occupational Therapist, Speech Therapist, Sports Medicine, Dentistry, etc.
- Volunteering in the Healthcare Field is a plus.

1. List, if any, awards, scholarships, publications or special recognitions you have received. List in descending order of significance.

2. Describe one specific example of your leadership.

Name _____

3. Describe a healthcare or community service commitment that you have achieved.

4. What are the three most significant courses you have taken in preparation for your career and why?

Name _____

5. What do you hope to do and what position do you hope to have upon completing your graduate studies?

MAIL COMPLETED APPLICATION TO:

Glenn G. Fort, MD, MPH
Landmark Medical Center
115 Cass Avenue, 3rd Floor
Woonsocket, RI 02895

or

FAX to: 401-767-1633