

**Ann Marie Brown
Memorial Scholarship Award
Application**

Last Name	First Name	MI
-----------	------------	----

Home Address	City	State	Zip
--------------	------	-------	-----

Daytime Phone Number	Evening Phone Number	E-mail Address
----------------------	----------------------	----------------

Name of College/University

Address

Date of anticipated Graduation	Major	Grade Point Average
--------------------------------	-------	---------------------

Career Objective

Other Pertinent Data

Please describe any extra curricular school activities.

Please name and describe any awards that you have received.

Please list any accomplishments you have attained.

Please list any current or previous volunteer service that you performed in the last five years:

Please list any scholarships or awards that you have received:

If you have completed an internship, please answer the following:

Internship Program:

Name of Company/Organization where you did your internship

Address of Company/Organization

Name of Supervisor

Title

Phone Number

Dates for Internship

Number of Hours

Salary

Additional Requirements

- A typed essay of introduction and future professional goals. Your essay should not exceed two pages, double spaced.
- College transcripts (student copies acceptable)
- Two letters of recommendation from college professors and/or community service leaders.

Application deadline is June 15, 2020.

If you have any questions, please contact Janine Logan at the Nassau-Suffolk Hospital Council at 631-334-8321 or jlogan@nshc.org.