

**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, 2022.**

***If you have any questions, please contact Janine Logan at the Nassau-Suffolk Hospital Council at 631-334-8321 or [jlogan@nshc.org](mailto:jlogan@nshc.org).***