

Scholarship Eligibility Criteria

Cheshire Medical Center, an affiliate of Dartmouth-Hitchcock Health, offers scholarships for area students as part of our commitment to healthcare education and our recognition of the critical role of nursing in our organization and in our patients' lives.

Cheshire Health Foundation Scholarship - made possible by a gift (from Leslie S. Hubbard in memory of his wife, Lola M. Hubbard, and by Alice Gilbert in memory of her husband, Frederick Gilbert)

To qualify for consideration you must be:

- A student from Cheshire or Sullivan County in New Hampshire or Windham County in Vermont, entering into a four-year baccalaureate nursing program as a full-time freshman in the fall of 2023

Bradshaw Scholarship - established by John R. Bradshaw to honor the memory of his beloved wife, Bess

To qualify for consideration you must be:

- A student with residency in Cheshire County in New Hampshire, entering into a registered nursing program

Ben Tatro Memorial Healthcare Scholarship – established to honor the memory of Ben Tatro, a beloved Cheshire County community member and advocate of healthcare and community service

To qualify for consideration you must:

- Provide proof of employment of applicant or parent of applicant at either Cheshire Medical Center or an EMS/Rescue agency within Cheshire County and be matriculated in a degree program in healthcare

Scholarship awards will be issued **July 1, 2023** through **June 30, 2024**.

Enclosed you will find the materials necessary to apply. Please direct all completed applications by **May 1, 2023** to:

Angela Connors, Education & Training Coordinator
Education, Training, & Development
Cheshire Medical Center
580 Court Street
Keene, NH. 03431

Scholarships Application Checklist

Please submit the following items by May 1, 2023

- _____ A completed Application Form (*blank copy enclosed – please check off which scholarship(s) you would like to be considered for, you may fill out one form to use for all 3 scholarships*)

Additionally:

Cheshire Health Foundation and/or Bradshaw:

(Do not need to provide duplicates to apply for both scholarships)

- _____ An official transcript from your high school
- _____ A personal statement of why you are choosing a career in nursing
- _____ One letter of recommendation from a guidance counselor or teacher
- _____ Letter of matriculation to a registered nursing program

Ben Tatro Memorial:

- _____ Proof of employment of applicant or parent at either Cheshire Medical Center or an EMS/Rescue agency within Cheshire County
- _____ Personal statement, which should include explanation of work history, volunteer history, and reasons for pursuing a degree in healthcare. Also include a description of a project or projects that enhanced some aspect of the community, whether that be at work or while volunteering.
- _____ Two letters of recommendation
- _____ Letter of matriculation to a degree program in healthcare

Scholarships Application Form

Please check the scholarship(s) for which you are applying:

- Cheshire Health Foundation Scholarship**
- Bradshaw Scholarship**
- Ben Tatro Memorial Healthcare Scholarship**

Student/College Information:

Student's Name:

Mailing Address:

Telephone Number: _____ / _____

E-mail Address:

Name and address of the college/university you have been accepted into and plan to attend:

Financial Information:

Estimated Tuition & Expenses \$ _____

Estimated Scholarships/Grants/Loans (please describe) \$ _____

Please attach a description of any extraordinary expenses you feel should be included for consideration.
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Scholarship Personal statement (Written/Typed).

Name: _____ Date: _____

Signature: _____

Scholarship Letter of recommendation:

- Faculty
- Guidance Counselor
- Other: _____

Please state briefly why you feel this student *would or would not* be a good candidate for a career in nursing/healthcare and return by May 1, 2023 to:

Angela Connors, Education & Training Coordinator
Education, Training, & Development
Cheshire Medical Center
580 Court Street
Keene, NH 03431

Student's Name: _____

Your Signature: _____ Date: _____
High School Name: _____

Scholarship letter of recommendation:

- Faculty
- Guidance Counselor
- Other: _____

Please state briefly why you feel this student *would* or *would not* be a good candidate for a career in nursing/healthcare and return by May 1, 2023 to:

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Student's Name: _____

Your Signature: _____ Date: _____
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