



### **Scholarship Eligibility Criteria**

Cheshire Medical Center, an affiliate of Dartmouth 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 a four-year baccalaureate nursing program as a full-time freshman in the fall year of the application.

**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 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 through June 30** the following year.

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

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



### **Scholarship Application Checklist**

	Please submit the following items by May 1.	
	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 three 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 an 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



### **Scholarship 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 be	een 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.

	Scholarship Personal Statement (Written/Typed)
Namo.	

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 to:
Education, Training, & Development Cheshire Medical Center 580 Court Street Keene, NH 03431
Student's Name:
Your Signature: Date:



## **Scholarship Letter of Recommendation**

Faculty
Guidance Counselor
Other:
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Education, Training, & Development Cheshire Medical Center 580 Court Street Keene, NH 03431
udent's Name:
our Signature: Date: gh School Name: