2019 Scholarship Application

The Health Education Center (Eastern AHEC) will award several scholarships between $250 and $500 to students studying in a health profession field. Scholarships are limited to students residing in Windham County or New London County, Connecticut. Students must plan to enter the health field and remain in Connecticut upon graduation to serve medically underserved or vulnerable populations. Medically underserved and vulnerable populations include, but are not limited to, racial and ethnic minorities, residents in rural communities, under- or uninsured, and immigrant residents.

Applicants interested in this scholarship should review the qualifications/eligibility criteria below and submit the necessary requirements to Alyssa McClain’s attention.

Submission deadline is June 1, 2019. Awards will be announced no later than July 31, 2019.

Qualifications/ Eligibility Criteria:

- Applicant must be a high school senior or college student from Windham or New London counties, CT.
- Applicant must submit the completed scholarship application available below.
- All applicants must submit a personal statement (500 words or less) that summarizes what health care career they are going into and how they plan to serve the underserved communities in Connecticut’s Windham County or New London County.

Instructions

1. Answer questions on page 2.
2. Provide a copy of school transcripts (unofficial transcripts are acceptable).
3. Submit the completed scholarship application and attachments no later than June 1, 2019.
4. Submit the application to the attention of Alyssa McClain:

   **Mail:** Eastern AHEC
   55 Main St, Suite 270
   Norwich, CT 06360
   OR
   **E-mail:** mcclain@easternctahec.org
Scholarship Application Form

Please Print or Type.

CONTACT INFORMATION:

First Name: _________________________ Last Name: _____________________________

Home Address: ________________________________________________________________

City/State/Zip code: _______________________ Telephone:________________________

E-mail Address: ________________________________________________________________

Health Care Field You Are Interested In: __________________________________________

School Name: ________________________________________________________________

School Address: ______________________________________________________________

City/State/Zip Code: ____________________________________________________________

Years Attended: __________________________________________________________________

Major(s): _______________________________________________________________________

Have you attached your personal statement? __________________________________________

Have you attached your transcripts? ____________________________________________

For Office Use Only

Received by: __________________ Date: __________ Approved/meets criteria: ☐ Yes ☐ No

If no, explain: __________________________________________________________________

Scholarship application: ☐ Yes ☐ No Essay: ☐ Yes ☐ No Transcripts: ☐ Yes ☐ No