

The Penney Richards Memorial Fund, Inc.

Scholarship Directions and Application

The Penney Richards Memorial Scholarship is available to health care professionals who are continuing their education and are enrolled in an accredited college or university in a course of study in the healing arts. Students who are pursuing degrees in the fields of oncology and/or trauma are especially encouraged to apply. Awards are generally between \$750.00 and \$2500.00

****** APPLICATION PROCEDURE ******

**The Penney Richards Memorial Fund, Inc.
P.O. Box 262
North Reading, MA 01864-0262**

Copies of the scholarship application form may be accessed electronically via the following website:
www.penneyrichards.com/schship.htm

TO BE CONSIDERED, ALL APPLICATIONS MUST BE ACCOMPANIED BY:

Two letters of recommendation to include:

- 1) Current supervisor or manager in your role in the health care industry.
- 2) Personal reference.

Additionally, you **must** submit:

- 1) A copy of the **official document** showing your last semester classe(s) and grade(s)
- 2) An essay of 500 words or more.

Include information about yourself, your educational goals and professional aspirations. How can this award help you to achieve these goals? Why should you receive this award?

- 3) This completed application.

Applicants **must** be:

- 1) Enrolled in an accredited college or university (two or four year degree course)
- 2) Working in a hospital, clinic, private practice physician's office or similar health care setting.

Application materials should be stapled together in the following order: completed application, transcript, letters of recommendation and essay.

Applications for the 2019 scholarships will be accepted until April 12, 2019. Award recipients will be notified no later than June 30, 2019 Applications are available anytime at <http://www.penneyrichards.com>

Mail the completed applications to the above address. Such applications should be clearly marked on the bottom left corner of the envelope with the words "SCHOLARSHIP APPLICATION"

The Penney Richards Memorial Fund, Inc.
Educational Foundation

Scholarship Application

Applicant Name (Last) _____ (First) _____ (Middle) _____

Permanent Address (Street address) _____ (Apt) _____

Permanent Address (City) _____ (State) _____ (Zip) _____

Telephone Number(s)(Home) _____ (Work/School/Cell) _____

E-mail _____ @ _____

School Presently Attending _____

Anticipated Graduation Date _____ Degree Pursuing _____

Major _____ G.P.A. _____ Class Rank _____ of _____

Earned Degree(s) _____ Year(s) Conferred _____

Other scholarships awarded (amount)\$ _____ Year(s) Awarded _____

Other scholarships awarded (amount)\$ _____ Year(s) Awarded _____

Other scholarships awarded (amount)\$ _____ Year(s) Awarded _____

Current School Activities: _____

Community Activities: _____

Honors/Awards/Recognitions: _____

PERSONAL BACKGROUND

Current Employer(company and address)_____

(manager)_____ (phone number)_____

Income- Self (Annual) _____ Social Security # (optional) _ _ - _ - _ _ _ _ _

Children (#) _____ Ages _____

Independent of parents? | Yes | No |

Are you a member of any professional organizations related to your job? | Yes | No |

If yes, please list them: _____

Do you hold any professional certifications related to your job? | Yes | No |

If yes, please list them: _____

How did you hear about the scholarship? _____

STATEMENT OF AGREEMENT

If I receive this award, I agree to submit proof of enrollment and **report my progress in writing for each semester of the academic year** upon request. (Note: **Do NOT** send by certified mail.)

Signature _____ Date _____

Return application and supporting documents to:
(No applications are accepted after April 6th
(**Do NOT** send by certified mail.)

Penney Richards Memorial Fund, Inc
P.O. Box 262
North Reading, MA 01864-1605