

Southcoast® Health Ambassadors

Charlton Memorial | St. Luke's | Tobey



HEALTH CAREER SCHOLARSHIP APPLICATION 2025

(PLEASE DO NOT STAPLE PACKETS)

NAME _____

ADDRESS _____

EMAIL ADDRESS _____

CELL PHONE _____

PARENT/ GUIDIAN PHONE & EMAIL _____

Education of Applicant:

Current High School _____

GPA _____ *please circle:* weighted unweighted

TRANSCRIPTS ARE REQUIRED TO BE MAILED OR EMAILED- PDF ONLY

Which college will you attend in the fall?

(A copy of the acceptance letter is required if chosen as a recipient.)

What will be your field of study?

This application must be returned no later than Tuesday, April 1, 2025 with:

1. High School transcripts (EMAILED PDF to scholarship@southcoast.org)
2. A personal statement that tells us a little about yourself and why you are chosen this field of study and conclude your essay with a fun fact of yourself.
3. List and date volunteer experiences, work experiences, and extra curricular activities
4. List and date any high school achievement awards or certificates.

All items must be included in your packet to be considered!

A copy of your acceptance letter(s) (ONLY IF CHOSEN AS A CANDIATE)

Please mail to:

Southcoast Health Ambassadors

Joanne Sleep.

363 Highland Avenue

Fall River, MA 02720

Any questions? Call Joanne Sleep 508-973-7537.

If you are asked to come in for an interview, please dress appropriately!