## Ann Marie Brown Memorial Scholarship Award Application

Last Name	First Name		MI
Home Address	City	State	Zip
Daytime Phone Number	Evening Phone Number	E-mail Address	
Name of College/University			
Address			
Date of anticipated Graduation	Major	Grade Point	t Average
Career Objective			
Other Pertinent Data Please describe any extra curricula	er school activities.		
Please name and describe any awa	ards that you have received.		
Please list any accomplishments y	ou have attained.		

Please list any current or pyears:	orevious volunteer service that y	ou performed in the last five
,		
Please list any scholarship	os or awards that you have receiv	ved:
If you have completed an	internship, please answer the fol	llowing:
Internship Program:		
Name of Company/Organ	ization where you did your inter	rnship
Address of Company/Org	anization	
Name of Supervisor	Title	Phone Number
Dates for Internship	Number of Hours	Salary

## Additional Requirements

- A typed essay of introduction and future professional goals. Your essay should not exceed two pages, double spaced.
- College transcripts (student copies acceptable)
- Two letters of recommendation from college professors and/or community service leaders.

## Application deadline is June 15, 2023.

If you have any questions, please contact Janine Logan at the Nassau-Suffolk Hospital Council at 631-334-8321 or jlogan@nshc.org.