



# Gladys Pizzotti Health Care Workers Scholarship

## APPLICATION

**Please type or print application. (black or blue ink)**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No. \_\_\_\_\_

Year Graduated High School: \_\_\_\_\_ Guidance Counselor: \_\_\_\_\_

Name of School **Currently Attending:** \_\_\_\_\_

Note: If applicant is married, please use space for information on father, mother, brother, or sister to record information about husband, wife or children.

***(Please circle the title that applies)***

Father/Husband Name: \_\_\_\_\_

Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother/Wife Name: \_\_\_\_\_

Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Brothers/Sisters/Children (Ages & Year in School): \_\_\_\_\_

Have you held any jobs while a student? Please list. \_\_\_\_\_

To which College/University have you applied? Indicate the College/University where you have been **accepted**.

Please list any community activities, services or achievements you have been involved in or have received.

**LIST THREE REFERENCES:\***

Name & Address:	School or Employment:
1) _____	_____
2) _____	_____
3) _____	_____

**\* Guidance Counselor must be one reference for High School Students**

**NOTE: This application form must be completed in its entirety and accompanied by the following information:**

1. Transcript of current grades. (if applicable)
2. Numerical standing in class.
3. Letter of recommendation from **three** references listed above.
4. Attach a personal statement, one page or less, as to why you should be selected for this scholarship.
5. Current photograph (***Student ID or Driver's License***)

**Please mail to: Day Kimball Hospital  
Development Office  
Patricia Hedenberg  
P.O. Box 632  
Putnam, CT 06260-0632**

—

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**