

EMILY LORENZO MEMORIAL SCHOLARSHIP

APPLICATION FORM

This scholarship was established to honor the memory of Emily Lorenzo by providing support to students with financial need who are passionate about helping others. Emily was a loving mother, daughter, sister and friend who lived a life of love. She sacrificed her own wants and needs for those of her children, her younger siblings and everyone she loved. She placed her dreams and goals on hold and never had the opportunity to fulfill her academic and career goals. This scholarship is created to not only provide financial support but to encourage others to pursue their education and career goals.

Each year two (2) students that meet the following criteria will each be awarded a one (1) \$1,000.00 scholarship:

- Resident of Massachusetts
- Enrolled full-time in an accredited college or university
- Pursuing an undergraduate or graduate degree in nursing or early childhood education
- Must have a GPA of 3.0 or higher
- Involvement in extracurricular and/or volunteer service in your community
- High standards of personal conduct, character and integrity

To be considered you must:

- Submit a completed scholarship application
- Submit an acceptance letter on an official letterhead from an accredited college or university.
- Submit an Official Transcript
- Submit a 400-600 word essay demonstrating your future academic, vocational and life goals.
- Submit two letters of recommendation from a non-relative who are members of the community and who can attest to your character, school and/or community involvement and potential for future success.

Submit completed application and documents by December 1, 2022 to:

Caring Medical Staffing, LLC

591T Memorial Drive #1004

Chicopee, MA 01020

Please submit any questions to: scholarship@caringmedicalstaffing.com with 'Emily Lorenzo Memorial Scholarship' in the subject line.

EMILY LORENZO MEMORIAL SCHOLARSHIP APPLICATION FORM

DATE: _____

GENERAL INFORMATION:

Name of Applicant: _____ Date of Birth: ____/____/____
Home Telephone(____) _____ E-mail Address: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____

EDUCATION INFORMATION:

Name of School: _____
School Address: _____ City: _____
Area of Study: _____ Minor(if applicable): _____
Undergraduate or Graduate?: _____ Current GPA: _____

COMMUNITY SERVICE:

Organization: _____ Address: _____
Telephone Number: _____
Position/Role: _____
How many years with the organization?: _____

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Applicant's Signature

Date