



Karrie A. Nason Memorial Scholarship

2018 Scholarship Application

MISSION

The Oriol Foundation is organized exclusively for charitable and educational purposes including, but not limited to enriching the lives of those who deliver this care; to promote wellness and stimulate innovations in healthcare so all may live more independently and safely wherever they call home in the Wachusett community.

BACKGROUND INFORMATION

Name: _____
Last First M.I.

Telephone #: _____ Email: _____

College, School or Program Planning to Attend: _____

Intended Degree or Certificate: _____

Current position and Facility: _____

Supervisor's Name: _____

APPLICANT ESSAY (500 WORDS OR LESS) (Please attach sheet)

Please explain your interest and intentions in advancing your nursing career.

Date: _____
Signature of Applicant

Bring application along with essay and recommendations to:

**The Oriol Foundation Scholarship Committee, 52 Boyden Rd Suite 209,
Holden, MA 01520.**

Or email to: Scholarship@OriolHealthCare.com