

Eugene Oriol Memorial Scholarship

2020 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.
Address:		
Street		*Town
Telephone #:	Dat	e of Birth
College, School or Program Planni	ng to Attend:	
Intended Degree or Certificate:		
High School Name and Town:		
*Applicant must reside in Wac	husett District towns, Boy	elston, or West Boylston
Guidance Counselor's Name:		
APPLICANT ESSAY (500 WOR	RDS OR LESS) (Please a	ttach sheet)
Please explain your interest and int	entions in the healthcare f	ïeld.
Date:		
	Signature of Applicant	

Mail completed application along with essay to:

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

Or email to: Scholarship@OriolHealthCare.com

Deadline to apply is May 10, 2020