

Eugene Oriol Memorial Scholarship – Team Member

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.	
T-11	F21.		
Telephone #:	Email:		
College, School or Program P	lanning to Attend:		
Intended Degree or Certificate	::		
Current position and Facility:			_
Supervisor's Name:			
APPLICANT ESSAY (500 V	VORDS OR LESS) (Please atta	ach sheet)	
Please explain your interest an	nd intentions in advancing your n	ursing 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