



1029 Pleasant Street • Bridgewater, MA 02324  
508.697.8116 (p) • 508.697.8117 (f)  
[www.BridgewaterPediatrics.com](http://www.BridgewaterPediatrics.com)

## Bridgewater Pediatrics Scholarship Application

At Bridgewater Pediatrics, we promote quality medicine and compassionate care. We practice family-centered medicine, and as such, we believe that families play a vital role in promoting the health and well-being of our patients. We partner with you and encourage active participation in your child's healthcare. We realize the importance of the comprehensive needs of each child: we focus not only on physical health, but also on the emotional, developmental, psychological, and spiritual needs of each patient.

The Bridgewater Pediatrics Healthcare Scholarship (BPHS) is designed to assist Bridgewater Pediatrics patients that are interested in pursuing careers in healthcare related fields afford higher education.

### Eligibility:

- Candidate must be pursuing higher education for the purpose of working in the healthcare field.

**Amount:** The BPHS committee will decide the amount to be awarded at the time of the chosen winning applicant.

**Deadline:** All applications should be submitted to [llemieux@bwaterpeds.com](mailto:llemieux@bwaterpeds.com), or mailed to the office c/o Louis Lemieux, 1029 Pleasant St Bridgewater MA 02324 by May 1st, 2020.

**Application:** Please complete the attached application, financial need application and compose a one page written statement. All personal information disclosed on the application will be kept confidential. The one page statement, written by the applicant, will be based on the writing prompt- "Why I Would Like to Pursue a Career in Healthcare".

## Financial and Personal Information

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address:

\_\_\_\_\_

Email: \_\_\_\_\_

Class Rank # \_\_\_\_\_ out of # students \_\_\_\_\_ GPA \_\_\_\_\_

Parent(s)/Guardian(s) Name and Occupation:

\_\_\_\_\_

\_\_\_\_\_

Schools Applied To:

\_\_\_\_\_

\_\_\_\_\_

Field of Study Pursuing: \_\_\_\_\_

Work Experience:

Employer	Hours/Week	Position	Employment Dates
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\_\_\_\_\_

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Community Service:

Organization	Hours/Week	Activities/Duties
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\_\_\_\_\_

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School Activities/Clubs:

Club/Sport/Activity	Hours Per Year	Grades/Participated
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Financial

Parent/Guardian Income: \_\_\_\_\_  
Parent/Guardian Debt(s): \_\_\_\_\_  
Expected Higher Education Cost: \_\_\_\_\_

Signature:

Parent(s)/Guardian(s):  
\_\_\_\_\_  
\_\_\_\_\_

Applicant:  
\_\_\_\_\_  
\_\_\_\_\_