

# CONRAD-NESTOR SCHOLARSHIP

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David Chronley, MD, created the Conrad-Nestor Scholarship honoring two country doctors in 1999 at South County Hospital. Robert L. Conrad, a general surgeon, was on staff from 1965 to 2000 and was instrumental in improving the facilities, staff, and patient care at South County Hospital. He served as both President of the Medical Staff and Chief of Surgery. During his tenure he established the first EMT training in the state, the first radio communication between SCH and the rescue squads, and the first FAA-approved hospital heliport in New England. Thomas A. Nestor, MD, a surgeon and family doctor, was on staff at SCH from 1946 to 1986 and was known for his formidable schedule and compassion for his patients. He made house calls until his retirement. Serving as a Major in WWII Parachute Infantry, Dr. Nestor made numerous jumps under fire to care for wounded soldiers on the battlefields of the South Pacific.

The Conrad-Nestor scholarships will be awarded to students who are entering post-secondary training and who demonstrate a combination of academic achievement and financial need.

## SELECTION CRITERIA

IN ORDER TO QUALIFY, YOU MUST MEET THE FOLLOWING CRITERIA:

1. Be a graduating high school senior and resident of Rhode Island.
2. Be accepted into an accredited, post-secondary institution.
3. Be able to demonstrate financial need and academic accomplishment.
4. Be a child/grandchild/dependent of a current South County hospital employee.

## APPLICATION REQUIREMENTS

1. A completed application form.
2. One essay (300 words or less) why you should be considered for this scholarship.
3. Your most recent official high school transcript.
4. One letter of recommendation, completed by a representative of an organization or employer for whom you have worked or volunteered, describing your service to their organization.
5. One letter of recommendation from a teacher or guidance counselor.
6. A copy of your final Student Aid report.

## DEADLINE

The Scholarship Committee must receive your application by **April 15**. Grants will be made on an objective, non-discriminating basis.

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## APPLICATION FOR CONRAD-NESTOR SCHOLARSHIP AWARD

### 1. STUDENT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last/first/middle initial month/day/year

Permanent Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City state zip

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name of School: \_\_\_\_\_

Parent, stepparent or guardian A: \_\_\_\_\_  
Name (last, first, middle initial) Age  
\_\_\_\_\_  
State of legal residence

Parent, stepparent or guardian B: \_\_\_\_\_  
Name (last, first, middle initial) Age  
\_\_\_\_\_  
State of legal residence

### 2. ACADEMIC INFORMATION

*Please attach an official copy of your most recent high school transcript.*

What was your highest SAT score? Math: \_\_\_\_\_ Verbal: \_\_\_\_\_ Written: \_\_\_\_\_

What is your class rank? \_\_\_\_\_

Post-secondary institution for which aid is requested: \_\_\_\_\_

Are you (*please circle one*): Accepted Enrolled Awaiting a decision

If enrolled, enrollment status (*please circle one*): Fulltime Part time

Housing status (*please circle one*): On campus Off campus At home with family

Intended field of study: \_\_\_\_\_

Degree sought: \_\_\_\_\_

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### 3. STUDENT ACTIVITIES

Please attach a resume or list of activities in which you participate. Please include the following information:

- Positions held
- Dates of participation
- Estimated time spent on each activity
- Any special honors received

### 4. ESSAYS

Please provide a typed essay explaining the nature of your community service participation and the work's influence on you (300 word limit, double-spaced, typed)

### 5. FINANCIAL AID INFORMATION

Please attach the following documents. *Applications that do not contain these documents will not be considered by the selection committee.*

1. A copy of your financial aid award letter from the college or institution of higher education you will be attending. If you are undecided, please send award letters from your top two choices.
2. A copy of your final Student Aid Report (SAR).

Cost of Education Per Year:

#### Expenses (per year)

Tuition and Fees	\$
Room and Board	\$
Books and Supplies	\$
Transportation	\$
<b>TOTAL EXPENSES (Line A)</b>	<b>\$</b>

#### Income

Name of Grant or Scholarship

Federal, State, and other Awards (list loans and work study in loan section below)	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>TOTAL GRANTS AND SCHOLARSHIPS (Line B)</b>	<b>\$</b>

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LINE A: Total Expenses	\$
LINE B: Total Grants and Scholarships	\$
LINE C: Estimated Family Contribution from Student Aid Report (SAR)	\$
LINE D: Total Income ( <i>Line B plus Line C</i> )	\$
LINE E: Financial Need ( <i>Line A minus Line D</i> )	\$

### Loans and Work Study

Please list sources and amounts below	
	\$
	\$
	\$
	\$
	\$
Total Loans and Work Study	\$

**6. ADDITIONAL INFORMATION**

Special circumstances: Do you have any unusual personal, financial or family circumstances that warrant special attention by the selection committee? Please be specific. You may add one additional page with a 300 word limit.

**7. CERTIFICATION AND SIGNATURES**

I (we) certify that the information on this form is true and complete to the best of my (our) knowledge. I (we) realize that failure to comply with a request for additional information may prevent the applicant from receiving any aid.

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Applicant's Signature

Date

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Parent's or Guardian's Signature (if applicant is a dependent)

Date