



Joseph E. Enright Foundation
Promoting Better Health in Our Community

HEALTH EDUCATION SCHOLARSHIP APPLICATION FORM

Incomplete applications will not be considered. If you have any questions, please call the Joseph E. Enright Foundation Voicemail at (908) 464-0277.

PERSONAL INFORMATION	
Full Name:	Date of Application:
Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth:
Home Address:	City: State: Zip:
Phone Number: ()	
Email:	
Mailing Address (if different from above):	
ENROLLMENT INFORMATION	
Have you applied for this scholarship before?	YES <input type="checkbox"/> NO <input type="checkbox"/>
How did you hear about the scholarship program?	
Please list any scholarships awarded in the past:	
Scholarship Name & Sponsor:	Year: Financial or Academic:
1)	
2)	
3)	
Provide the name and address of the schools and training programs you have completed (including high school)	
School and/or program (1):	Date of attendance:
City / State:	Degree or certificate earned:
School and/or program (2):	Date of attendance:
City / State:	Degree or certificate earned:
School and/or program (3):	Date of attendance:
City / State:	Degree or certificate earned:

PROGRAM INFORMATION

Name of the school in the healthcare field you are requesting a scholarship for:

Name of program or course of study you are requesting a scholarship for :

Required time to complete your course of study:

How are tuition payments structured? (check one) Per Semester Per Year
 Entire Course Other

What is the approximate tuition for the program or course of study the scholarship will be applied to:

Have you already been accepted into this program or course of study? YES NO

Date program will begin (Month/Year):

Date diploma or certificate will be received (Month/Year):

Attending program full time or part time? : Full time Part time

Besides the Enright Scholarship, how is your education being funded?

EMPLOYMENT INFORMATION

Who is your current employer? City:

Position or title: Years of employment:

Please list your work experience over the past 5 years

Work Dates: Employer: Position:

1)

2)

3)

Please list any volunteer work you have been involved with

Volunteer Dates: Organization: Work Done:

1)

2)

3)

Please list any academic achievements, honors or awards you have received in the past

Month/year: Award name: Sponsor: Award received for:

1)

2)

3)

OTHER INFORMATION

Please feel free to provide additional information: _____

*****ESSAY:** Please tell us in 500 words or less why you chose a career in healthcare.

Attach a typed essay on a separate piece of paper (no handwritten essays please).

Please have your school mail your transcript to the Enright Foundation's PO Box

Scholarships are sent directly to the educational facility. What is the **exact name and address** of the office where tuition payments are sent? _____

Evidence of satisfactory course/ semester completion is required. Failure to provide this information in a timely manner upon completion could result in award forfeiture and repayment to the Foundation would be requested.

Scholarships are not awarded to individuals whose tuition expenses are fully covered by another organization.

Scholarships are not awarded unless currently attending or accepted into a program at the time of the application deadline.

I hereby apply for a Joseph E. Enright Foundation Scholarship. I have read and understand the terms of the scholarship award. If I receive a scholarship, I agree to comply with the requirements of the award.

Signature

Date



Joseph E. Enright Foundation
Health Through Education

P.O. Box 519 / Summit, NJ 07902-0519 / (908) 464-0277
www.josephenrightfoundation.org

Press Release

The Joseph E. Enright Foundation occasionally sends press releases to the local media, such as local newspapers. Press releases inform the community of our scholarship program and may include names of scholarship recipients receiving a scholarship award. Please sign below to grant permission to use your name/and or photo.

Signature

Date

Thank you for your interest in the
JOSEPH E. ENRIGHT FOUNDATION
P.O. BOX 519
SUMMIT, NJ 07901

HEALTH THROUGH EDUCATION
WWW.JOSEPHENRIGHTFOUNDATION.ORG