

Sarah Kemble Scholarship Award

The Sarah Kemble scholarship award(s) have been established in memory of Sarah Kemble, the driving force behind the creation of the Community Health Center of Franklin County. In addition to being a full time physician at the center, Sarah also functioned as its Executive Director and Medical Director. Dr. Kemble lived and worked to create a world in which everyone has the right to quality health care and a healthy life.

Up to three \$1,000 scholarship award(s) will be given annually to any graduating high school senior of the seven high schools, or a veteran residing in the areas served by the Community Health Center (Greenfield High School, Mohawk, Pioneer, Turners Falls, Franklin Tech, Mahar and Athol) who is pursuing or will be pursuing a career in health or community service and that best mirrors Sarah's character and vision. These scholarship(s) are intended to support high school student(s) or veteran(s) who plan to pursue a career in the healthcare field, embody the spirit of healthcare as a right and supports a public health approach to community wellness.

The following characteristics will be taken into consideration in awarding these scholarships:

1. Character
2. Integrity
3. Leadership
4. Volunteer History and Involvement

Applicants interested in applying for this scholarship should complete the application form on the back side and forward it to the address listed below along with a transcript and a letter of recommendation from student services or a teacher/professor. Award checks will be sent to the scholarship recipient after the completion of their first semester and receipt of their first semester official transcript.

Applications that do not include all of the required information will not be considered. Return completed applications **by May 1, 2018** to:

Community Health Center of Franklin County
Attn: Scholarship Committee
102 Main Street
Greenfield, MA 01301

Dr. Sarah Kemble Memorial Scholarship Application

Date of Application: _____

Student

Name: _____ Telephone: _____

Address: _____

High School: _____

Veteran

Name: _____ Telephone: _____

Address: _____

Military Service: _____ Years of Service: _____

College/University/Program Acceptance: Planning to Attend

School Name _____ Location (city/state): _____

Expected Field of Study: _____ Start Date: _____

Please list activities or organizations to which you belong:

Please list volunteer experiences:

Application Checklist: Please include in your application package

High School Transcript	
College/University/Program Acceptance Letter	
Teacher Letter of Recommendation	
Personal Essay (why you are applying for this scholarship including a statement of future goals and aspirations)	

****Please note:**

Award checks will be sent to scholarship recipients upon completion of their first semester and receipt of their official transcript.