



## Sarah Kemble Scholarship Award

The Sarah Kemble scholarship award(s) have been established in memory of Dr. 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. Click [here](#) to learn more about Dr. Kemble's commitment.

Up to three \$1,000 scholarship awards will be given annually to a graduating high school senior of the eight high schools, or a veteran residing in the areas served by the Community Health Center (Greenfield High School, Mohawk, Frontier, Pioneer, Turners Falls, Franklin Tech, Mahar and Athol). These scholarship(s) are intended to support a high school student or veteran who plans to pursue a career in the healthcare field, embodying the spirit of healthcare as a right and supporting 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 personal essay, acceptance letter, transcript and a letter of recommendation from student services or a teacher/professor.

Return completed applications **by May 1, 2020 by mail to:**

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

On-line applications can be accessed by going to [www.chcfc.org/SKscholarship](http://www.chcfc.org/SKscholarship)  
Email application to [kemblescholarship@chcfc.org](mailto:kemblescholarship@chcfc.org)

Applications must include all of the required information to be considered.

# *Dr. Sarah Kemble Memorial Scholarship Application*

Date of Application: \_\_\_\_\_

## **Student/Veteran**

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

Address: \_\_\_\_\_

High School: \_\_\_\_\_

Military Service: \_\_\_\_\_ Years of Service: \_\_\_\_\_

## **Financial Information (Students)**

Annual Household Income:  (\$20,000 - \$40,000)  (\$41,000 - \$60,000)  (\$61,000 or above)

Number of children, including applicant, in the household: \_\_\_\_\_

List dependents and ages, if any: \_\_\_\_\_

## **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.**