



# SCHOLARSHIP / TOOLSHIP INFORMATION SHEET

NAME OF SCHOLARSHIP: **ROYAL HEALTH GROUP SCHOLARSHIP**

NAME OF TOOLSHIP: **N/A**

AMOUNT OF SCHOLARSHIP: **\$1,000.00**       ONE TIME       ANNUALLY  
(Based on continuing eligibility)

AMOUNT OF TOOLSHIP: **N/A**

**CRITERIA:**

MUST RESIDE IN A PARTICULAR TOWN?       YES       NO IF YES - WHERE? \_\_\_\_\_

SHOP OR COURSE OF STUDY: **NURSING OR ALLIED HEALTH FIELD**

ACADEMICS: \_\_\_\_\_ To be considered

NEED: \_\_\_\_\_ To be considered

OTHER: \_\_\_\_\_ Essay (reasons for entering this field)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CONTACT INFORMATION:**

NAME: \_\_\_\_\_

ORGANIZATION: **ROYAL HEALTH GROUP CHARITABLE FOUNDATION**

ADDRESS: 93 Main Street

Hingham, MA 02043

PHONE: [Nancy Peters 508-743-8111](tel:508-743-8111)

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APPLICATION PROCESS:       CCT APPLICATION       ORGANIZATION'S OWN APPLICATION

Transcript \_\_\_\_\_

Essay \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DEADLINE FOR APPLICATION: **May 6**

SELECTION PROCESS:       WE SELECT RECIPIENT       ORG SELECTS RECIPIENT

METHOD OF DISTRIBUTION: Not specified

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1ST SEMESTER GRADES       2ND SEMESTER GRADES