

Applicant name

**HUNTER’S MEMORIAL SCHOLARSHIP FUND
IN MEMORY OF BILL LAWTON AND CAROL GILLOOLY
APPLICATION FOR FINANCIAL AWARD**

The Hunter’s Scholarship Fund in Memory of Bill Lawton and Carol Gillooly has been established in memory of William R. Lawton of Killingworth, Connecticut and Carol A. Gillooly of Middlefield, Connecticut, who lost their lives in the line of duty as Emergency Medical Technicians when struck by a drunk driver on September 2, 1989.

The Memorial Fund has been established for the purposes of providing education programs, training programs, and financial awards for educational related expenses to individuals pursuing or furthering their education or training in the fields of emergency medical services, healthcare, and related fields in their communities, including but not limited to physicians, physician’s assistants, nurses, certified nursing assistants, and police and fire personnel.

ELIGIBILITY CRITERIA

To be considered for a financial award, every Applicant must provide the following:

- A completed, signed and dated Application form and Checklist
- A Personal Statement and 2 Letters of Recommendation (details are on page 6)
- Proof of payment, specifically any and all receipts showing the amount paid for such course, semester and/ or etc. after financial aid awards/grants etc. have been applied (out of pocket amount, must be evident in proof).
- Proof of successful completion of the following programs during the time period beginning January 1, 2022 through the application deadline, as follows:
 - For EMTs and Paramedics, a transcript or letter from your instructor evidencing proof of your successful course completion
 - For Allied Health Degree Programs, a transcript from the school evidencing your successful semester completion with a GPA of 3.00 or higher
 - For other Allied Health Certificate Programs, a transcript or letter from your program instructor/director evidencing proof of successful program completion

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SELECTION PROCESS

The Selection Committee will consider the following in making their selection(s) for a financial award:

- Academic Achievement
- Activities, Community Involvement, Honors and Recognition
- Financial Information
- Personal Statement
- Letters of Recommendation

DEADLINE TO APPLY

In order to be considered for a financial award, in addition to meeting the Eligibility Criteria, this application, all supporting documents, and letters of recommendation must be either

- Electronically Submitted no later than **Friday June 30th, 2023** by **4pm**; or
- Hand-delivered to 450 West Main Street, Building 3, Meriden, Connecticut on or before the date of **June 30th, 2023** by **4:00 pm**; or
- Mailed and **postmarked** by **Monday, June 26th, 2023** to the attention of “Memorial Fund Selection Committee, 450 West Main Street, Building 3, Meriden, CT 06451”

NOTIFICATION

Applicants receiving a financial award will be notified on or before July 10th, 2023.

NUMBER OF AWARDS AND AMOUNT AWARDED

The number of awards and amount awarded varies from year to year based upon the availability of funds and the number of eligible and deserving applicants.

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CHECKLIST

*Initial each item to be sure your Application is complete and
Return this Checklist with your Application form.*

- Completed, signed and dated Application form
- Transcript or Letter from school or instructor regarding successful Program
Completion as noted in Eligibility Criteria
- Financial Receipts for any and all costs associated paid
- Personal Statement
- Two (2) letters of recommendation, **dated and signed**

INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED

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APPLICATION FOR FINANCIAL AWARD

[Please type or print the information requested legibly. Attach additional pages if needed.]

Applicant Information

Name:

Mailing Address (Street, Apt #): _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone # _____

E-Mail Address _____

Program Information

Program Award Category:

Professor or Lead Instructor:

Institution Name:

Have you completed this program?

Institution City:

Date of Completion:

Type of Program:

Final GPA or Grade:

If still enrolled in a program, please complete the following information

Degree or Certificate Major:

Degree Minor:

Expected date of program completion:

Credits earned to date:

Work Experience

Please provide information on your work experience from 2015 to present

Dates of Employment:

Employer:

Position/Title:

<u>Dates of Employment:</u>	<u>Employer:</u>	<u>Position/Title:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Applicants Merits and Awards:

Extracurricular Activities, Organization Memberships and Community Involvement

Please provide information on your school activities, groups or clubs; organization memberships; and community involvement, including your roles and responsibilities.

Special Achievements, Honors & Recognition

Financial Information

*Please provide information/evidence regarding program fees and expenses you paid for which you are seeking a financial award. **Please also indicate if you have received or expect to receive any other financial awards, scholarships or reimbursements for your program expenses.** If you have, indicate who awarded or will be awarding the funds; the amount you received or will receive; and the date funds were awarded or by which you expect to receive the funds.*

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Personal Statement

Please attach a personal statement, **not** to exceed **300 words**, about your educational and career objectives, long-term goals, and tell us about the experiences that have influenced your decision to pursue a career in the healthcare field and how those experiences will help you in your career choice.

Letters of Recommendation

Please provide two letters of recommendation from responsible persons (**excluding family/relatives, members of the Selection Committee or Foundation**) who are well acquainted with your educational background, personal character and career goals. This application will not be considered unless the two letters of recommendation are received. The letters **must** be **dated, signed** and either submitted with this application or forwarded directly to the attention of “Memorial Fund Selection Committee, **Building #3, 450 West Main Street, Meriden, CT 06451.**” If submitting letters with this application, select the SUBMIT button below and include them as an attachment in your email.

Applicant Certification

I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to give proof of any information I have given on this form. Falsification of information may result in forfeiture of any financial award. I understand that the Selection Committee will maintain this information as confidential and I acknowledge all decisions of the Selection Committee are final.

Signature of Applicant _____ Date _____

Printed Name _____

PRINT

SUBMIT

.....
OFFICE USE ONLY

DATE RECEIVED IF HAND-DELIVERED: _____

POSTMARK DATE IF MAILED: _____

DATE SUBMITTED ELECTRONICALLY: _____

OFFICE PERSONNEL INITIALS: _____

CHECK LIST APPROVED: _____ YES _____ NO