

Application for the 2011 Knowles Fellows Scholarship



MGH INSTITUTE
OF HEALTH PROFESSIONS

A graduate school founded by Massachusetts General Hospital

MGH Institute of Health Professions
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www.mghihp.edu/admission-financial-aid/

The **Knowles Fellows Scholarship** has been established to promote the Institute's goal of increasing the diversity of students in our clinical programs in order to better serve an increasingly multicultural, multilingual population. The Knowles Fellows Scholarship is a merit-based academic award that gives preference to students from backgrounds currently under-represented in the health professions relative to their numbers in the general public. This is a full-tuition scholarship that is renewable annually, provided the recipient maintains satisfactory academic progress and participates in occasional lectures and discussions on topics such as health related diversity topics and leadership development.

Last Name:	
First Name:	
Email Address:	
Last 4 digits of SSN:	
Program of Study:	
Term of Entry:	

The following section is optional.

Please indicate your primary ethnic background:

Please indicate your primary racial background:

If other, please provide racial background here:

Please list any volunteer activities in which you have participated at school, community or professionally.

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**Complete this form, scan and email to financialaid@mghihp.edu
or fax to: 617-726-8010, attn: Financial Aid Office.**

**You may also mail it to MGH Institute of Health Professions, Office of Student Affairs/Financial Aid, 36
1st Avenue, Boston MA 02129-4557. Please note that applicants must also submit a completed
admissions application by the program's deadline.**

**This application is due no later than two weeks after
the admissions application deadline.**

Full Legal Name:

Last 4 digits of SSN:

Essay - Limited to 300 words

Please describe how your past experiences and/or influences would support the goal of the Knowles Fellows Scholarship which is to better serve an increasingly multicultural, multilingual population. Please also include any future professional goals as a health care provider. *Essay should be no more than 300 words total. Please include your full legal name and the last four digits of your social security number at the beginning of the essay. Use additional paper if necessary.*

By signing your name in the box below, you acknowledge that all of the information given in this application is true.

Signature:

Date:

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