

2024 Isidore Wise Scholarship Program at Connecticut Children's

APPLICATION FORM

All information must be completed and typed by the student.

I. STUDENT CONTACT INFORMATION:

Full Name:	Phone:	SSN (last 4 digits):
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Home Address:		
<i>Street & Number</i>	<i>Apartment or Unit #</i>	<i>City, State and Zip Code</i>

Email Address:

Place of birth:	Date of birth:	Age:	Current Grade:
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II. FAMILY INFORMATION:

Name(s) of Parent(s) or Legal Guardian(s):

Name:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____ (relationship)
Occupation:	
Employer (Name & Location):	
Name:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____ (relationship)
Occupation:	
Employer (Name & Location):	

Tell us about any siblings and others dependent on your parents for support:

Relationship	Under 21? Yes/No	School or Program attending (if applicable)	Degree of parental support

ALL INFORMATION WILL BE KEPT CONFIDENTIAL

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1. When you were a patient at Connecticut Children's what type of treatment did you receive and how did your experience affect you?

2. Tell us about a special interest you may have, whether it is a special cause or a hobby. How did you develop this interest? Describe your participation and what motivates you to stay involved.

3. Tell us about your involvement in community service activities.

4. What are your career aspirations?

5. What do you hope to give back to the community upon completion of your education?

6. List (in the order of preference) the post-secondary institutions where you have applied:

Name of Institution	Check if accepted	Intended course of study

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7. Indicate, as accurately as possible, your anticipated school costs for the next year:

Tuition and fees \$	Books and supplies \$
Room and board \$	Transportation \$
Other (specify) \$	Total Costs for Year \$
Other Detail:	

8. What other scholarships, grants or other funding have you applied for, received or anticipate receiving?

9. Has your family had any unusual financial responsibilities in the past five years? Any immediately anticipated? If so, please explain.

10. List any extracurricular activities and offices held in high school and community:

11. List any honors and awards you have received:

12. Is there anything else you would like us to know about you?

13. Please let us know how you heard about the Isidore Wise Scholarship Program (e.g., internet search, Foundation website, school guidance department, physician referral, other? List all that apply)

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CHECK LIST Complete package must include:

- Completed application
- Signature page signed by applicant and a parent/guardian
- Academic transcript (including grades for completed 12th grade coursework)
- SAT and/or ACT scores (optional)
- Any additional information you wish to provide

Please scan your application into **one** document and email to:

IsidoreWiseScholarship@connecticutchildrens.org. Incomplete applications will not be accepted. You must include your first and last name in the title of your document. Please contact Michele Kridler at mkridler@connecticutchildrens.org if you have any questions.

By signing below, the applicant authorizes Connecticut Children's to publish, copyright, and use the information contained in this application. The applicant also authorizes Connecticut Children's to contact him/her directly. Connecticut Children's is authorized to share the winner's information and individual story. Recipients may be called upon to share their stories with the media (print, radio or television), either by phone or in person. Finalists will be required to attend an interview either in person or via zoom.

Parent/Guardian Signature

Date: _____

Student Signature

Date: _____

Complete applications will be accepted at:

IsidoreWiseScholarship@connecticutchildrens.org

All applications must be received by 4:00 pm on Friday, March 8, 2024. Late applications will NOT be eligible for consideration.

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