

2025 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:	
Apartment or Unit #	City, State and Zip Code

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. Personal Essay (1,000 words or less)

Reflect on your experience as a patient at Connecticut Children's.

Describe the medical challenges you faced, the treatments you underwent, and explain how these experiences shaped your personal growth. Did your time as a pediatric patient help you develop resilience and the ability to overcome adversity? Provide specific examples of how you managed your health challenges while striving to achieve academic or personal goals. Finally, share your aspirations for the future and discuss how you plan to use your education to make a positive impact in your community or chosen field.

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

Name of Institution	Check if accepted	Intended course of study

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

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**All applications must be received by 11:59 pm on Sunday, June 8, 2025.
Late and incomplete applications will NOT be eligible for consideration.**

Upon completion of your application, please update the file name to include your first and last name: LastName, FirstName - Isidore Wise 2025 Application.pdf

Completed applications must be submitted online:

<https://www.connecticutchildrensfoundation.org/isidore>

Please contact Leigh Pechillo at LPechillo@connecticutchildrens.org if you have any questions.

Finalists will be required to attend an interview either in person or via Zoom.

If you receive an award from the Isidore Wise Scholarship Fund, you or a parent/guardian will be required to sign an agreement authorizing Connecticut Children's and Connecticut Children's Foundation (the Foundation) to publish, copyright, and use the information contained in this application; to share the winner's information and individual story; and allow for the scholarship recipient to be called upon to share their story with the media (print, radio or television) either by phone or in person.

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