



The Hospital of
Central Connecticut

The Auxiliary at The Hospital of Central Connecticut (HOCC), New Britain General Campus Clifford & Margaret Sargis Scholarship (\$1,000)

For high school seniors or college students pursuing careers in the field of medicine

The Auxiliary at The Hospital of Central Connecticut (HOCC), New Britain General Campus: Visit our website www.thocc.org

Clifford and Margaret Sargis have established a Scholarship, honoring three Hospitalists who work at The Hospital of Central Connecticut, New Britain General Campus: Madura Saravanan, M.D., Rupal Panchal, M.D., and Ram Illindala, M.D., to be awarded to a high school or college student displaying exceptional academic promise and potential. The recipient will be a role model for his/her peers and embody the spirit of the medical profession; an inquisitive mind; a commitment to cure regardless of the challenge; and a bedside manner that captures the respect and attention of his/her patients.

Who Can Apply?

This scholarship is available to High School Seniors or college students pursuing a career in the field of medicine and applying to or attending an accredited college or university and residing in: Berlin, Kensington, New Britain, Newington, Plainville or Southington.

How Are Students Selected?

Selection will be made on the basis of:

- ⊖ Academic Ability (top 15% of class)
- ⊖ Extracurricular Activities
- ⊖ Previous Volunteer Experience

Who Selects Award Recipients?

A selection committee, comprised of persons with training and experience in interpreting school records, will identify students to be considered for awards. After careful review of each candidate's application, scholastic records and other required supporting information, the committee will make a final decision.

When Will Awards Be Announced?

Recognition awards will be announced in May. Applications are available at high school guidance offices, online at www.thocc.org/services/auxiliary and from the Volunteer Services Department at:

The Hospital of Central Connecticut
New Britain General Campus
100 Grand Street, P.O. Box 100
New Britain, CT 06050-0100

Application Instructions

We are pleased with your decision to explore career opportunities within the field of medicine. ***To apply for this scholarship, candidates must include a personal essay highlighting why they want to go into the medical field.***

If you have any questions regarding the enclosed application materials or process, please contact The Hospital of Central Connecticut (New Britain Campus) Volunteer Services Department at (860) 224-5231. Completed applications and all subsequent material should be mailed to:

Volunteer Services Department
The Hospital of Central Connecticut
New Britain Campus
P.O. Box 100
New Britain, CT 06050-0100

Procedures

An application packet consists of the application, transcript(s) and recommendations. The selection committee will review only those application packets that have been postmarked by **April 1, 2022**. Applicants will be notified in writing of the final selection decision.

Transcripts

It is the applicant's responsibility to request that an official transcript of grades from the high school and/or college he or she is currently attending, as well as from any other schools attended, be sent directly to the HOCC Volunteer Department at the above address. If currently taking courses that are not shown on the transcript, please include a list of those courses with the application.

Recommendations

Three (3) written recommendations are required. Teachers with whom the applicant has studied, a guidance counselor or school principal, or supervisor if volunteering, may complete and return the recommendations to the HOCC Volunteer Department at the above address.

For your convenience, a sample reference form is included which may be duplicated if desired.

Scholarship Application Form

Please Type or Print Clearly

Personal Information

Name _____
Last First Middle

Address _____
Street City State Zip

Telephone number: _____ Email address: _____

Please designate a parent or guardian, who may be contacted about your application, if we are unable to reach you.

Name: _____ Relationship: _____

Address: _____ Telephone: _____

Are you a U.S. Citizen Yes No

Program Information

Do you plan to specialize in a particular area of medicine? _____

To what colleges have you been accepted and have you decided which school you will attend?

Academic Information

Please list all high schools/colleges attended. One official transcript must be sent directly from each of the institutions listed below to the Volunteer Department, The Hospital of Central Connecticut, New Britain General Campus, P.O. Box 100, New Britain, CT 06050-0100.

Name of High School/College & Location	Dates Attended Mo./Yr. To Mo./Yr.	Expected Date of Graduation	Current Grade

List or attach extracurricular activities: _____

List or attach any honors, awards or commendations received:

Volunteer History

Please list or attach all volunteer experiences

Organization Name & Location	Dates of Service	Volunteer Job Title

Employment History

Are you currently employed? Yes No

If so, how many hours per week? _____

Please list name and address of employer along with job title

Company Name & Location	Dates of Employment	Job Title

Family History

Father's Name: _____

Address _____ Town _____ State _____ Zip _____

Place of Employment _____

Occupation _____

Mother's Name: _____

Address _____ Town _____ State _____ Zip _____

Place of Employment _____

Occupation _____

Number of Children in Family _____

Number of Children in College _____

Recommendations:

Three (3) written recommendations are required.

**The Auxiliary at The Hospital of Central Connecticut (HOCC), New Britain
General Campus – Clifford and Margaret Sargis Scholarship**

Letter of Recommendation for:

_____ Name of Student

Printed Name: _____ **Position:** _____

Signature: _____ **Date:** _____

Length of time I have known the student: _____

Application and required materials must be postmarked by April 1, 2022.

The information provided in my application is, to the best of my knowledge, complete and accurate. I understand that false statements on this application may disqualify me from receiving this scholarship.

I also understand that if I am selected as the recipient of this scholarship that I may be invited to The Hospital of Central Connecticut to receive this scholarship award in person from the Hospital's Auxiliary and participate in a photo opportunity for publication in local newspapers.

_____ Date _____
Student signature

_____ Date _____
Signature of parent or legal guardian (if student is under age 18)