

DR. JAMES P. CORNISH SCHOLARSHIP

**United Congregational Church of Tolland
Scholarship Application**

The Dr. James P. Cornish Scholarship Fund was established in memory of Dr. Cornish for a student from Tolland entering a medically related field as a profession. The scholarship given is \$400.00.

Dr. Cornish was a medical technologist and part-time member of the faculties of the University of Connecticut and Manchester Community College. Dr. Cornish was also director of Allied Health Education at Windham Community Memorial Hospital. Colleagues at UConn's School of Allied Health Professions remembered Dr. Cornish as "a teacher who was always prepared and who always cared for others," said Glenda D. Price, Dean of the School.

Dr. Cornish, a resident of Tolland, was active in the Tolland government, serving on the Town Council and the Board of Education. In 1973, Dr. Cornish was named Outstanding Young Man of the Year, by the Connecticut and New England Jaycees.

(Please print neatly or type)

Name _____
(Last name) (First name) (Middle name)

Address _____

Phone _____

Father's Name _____

Employed By _____ Occupation _____

Mother's Name _____

Employed By _____ Occupation _____

Please list any brothers and/or sisters:

Name: _____ Age: _____ School Attending: _____

College you plan to attend _____

Address _____

Intended Medically Related Major _____

High School grades, and community service are considered by the Committee for determining scholarship

recipients.

In what community activities have you taken an active part? _____

List any Offices you have held in High School: _____

List any Honors or Awards you have received: _____

List any school activities in which you have been involved: _____

In what activities do you participate outside of school? _____

PLEASE ATTACH THE FOLLOWING:

1. ***A SHORT ESSAY ON WHY YOU FEEL YOU SHOULD BE AWARDED THE DR. JAMES P. CORNISH SCHOLARSHIP***
2. ***A COPY OF YOUR SCHOOL TRANSCRIPT***
3. ***A LETTER OF REFERENCE FROM A TOLLAND RESIDENT (NON-FAMILY MEMBER)***

Signature of Applicant _____ Date _____

Signature of Parent _____ Date _____

DEADLINE TO SUBMIT APPLICATION: APRIL 30, 2011

**Mail to: Scholarship Committee
United Congregational Church of Tolland
P. O. Box 160
Tolland, CT 06084**