

**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: May 15<sup>th</sup>**

**Mail to: Scholarship Committee  
United Congregational Church of Tolland  
45 Tolland Green  
Tolland, CT 06084**