

## **Eugene Oriol Memorial Community Scholarship**

2025 Scholarship Application (Deadline to apply is April 15,2025)

## **MISSION**

The Oriol Foundation is organized exclusively for charitable and educational purposes including, but not limited to enriching the lives of those who deliver this care; to promote wellness and stimulate innovations in healthcare so all may live more independently and safely wherever they call home in the Wachusett community.

## **APPLICANT INFORMATION**

Name:		
Last	First	M.I.
Address:		
Street		*Town
Telephone #:	Date of Birth	
Email:		
	lanning to Attend:	
Intended Degree or Certificate	::	
High School Name and Town:	·	
*Applicant must reside in	Wachusett District towns, Boyl.	ston, or West Boylston
Guidance Counselor's Name:		
APPLICANT ESSAY (500 V	VORDS OR LESS) (Please att	tach sheet with name at top)
Please explain your interest an	nd intentions in the healthcare fi	eld.
Date:		
	Signature of Applicant	

Mail completed application along with essay to:

The Oriol Foundation Scholarship Committee, 52 Boyden Rd Suite 209, Holden, MA 01520.

Or email to: Scholarship@OriolHealthCare.com