



**BERKSHIRE HEALTH SYSTEMS  
KERMIT GORDON SCHOLARSHIP**

**PURPOSE:**

The Kermit Gordon Scholarship is funded by the Kermit Gordon Fund at Berkshire Health Systems. The Scholarship's primary purpose is to provide financial assistance to students enrolled in the following fields of study:

- Medicine
- Dentistry
- Nursing
- Pharmacy
- Health and Health Science related programs (all academic levels).

**AWARDS:**

Awards will be made annually, ranging in size from \$500 to \$1,000 depending on individual need. Awards will be announced in the spring of each year and will be payable to the institution which the recipient is attending.

**ELIGIBILITY:**

Any resident of Berkshire County regardless of sex, race, color, religion, national origin or ancestry who intends to pursue one of the fields of study noted above and has been accepted as a full-time student at an accredited institution offering said program is eligible.

The Scholarship Review Committee will give highest priority to the following criteria when selecting scholarship recipients:

- Financial need...**Please include academic institution financial aid information**
- Superior academic performance
- Commitment to chosen field
- Potential for success in field

Preference will be given to those who have not received a Kermit Gordon Scholarship in the past, although past recipients may apply.

**APPLICATION:**

Persons applying for the Scholarship shall submit an application and all supporting information by May 1<sup>st</sup> to:

Elizabeth A. Kirby, RN, M.Ed.  
Director of Education Services  
Berkshire Health Systems  
725 North Street  
Pittsfield, MA 01201



**BERKSHIRE HEALTH SYSTEMS  
APPLICATION FOR KERMIT GORDON SCHOLARSHIP**

1. Name: \_\_\_\_\_

2. Permanent Home Address: \_\_\_\_\_

3. Home Telephone: \_\_\_\_\_

4. School you are now attending: \_\_\_\_\_

5. College or University to which you have been accepted and plan to attend. (Please provide proof of acceptance.)

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

6. Field of pursuit: \_\_\_\_\_

7. Previous college attended:

Name of School	Location	Date of Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. List school activities in which you participated. Include any distinctions or honors.

9. Experiences: working, volunteer activities, hobbies.

**IF MARRIED:**

Present Occupation: \_\_\_\_\_

Spouse name: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Income before taxes: \_\_\_\_\_

Income before taxes: \_\_\_\_\_

Other income: \_\_\_\_\_

Other income: \_\_\_\_\_

Father's name: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Income before taxes: \_\_\_\_\_

Income before taxes: \_\_\_\_\_

Other income available: \_\_\_\_\_

Other income available: \_\_\_\_\_

Number of dependent children: \_\_\_\_\_

Ages: \_\_\_\_\_

Number attending college: \_\_\_\_\_

Father's signature: \_\_\_\_\_

Mother's signature: \_\_\_\_\_

Financial assistance available  
for college:

From parents: \_\_\_\_\_

Anticipated expenses for this year:

Tuition: \_\_\_\_\_

From scholarships: \_\_\_\_\_

Room & Board: \_\_\_\_\_

From savings: \_\_\_\_\_

Books & Fees: \_\_\_\_\_

From work: \_\_\_\_\_

From other sources: \_\_\_\_\_

TOTAL: \_\_\_\_\_

TOTAL: \_\_\_\_\_

**The information provided on this application is true and accurate to the best of my knowledge.**

**STUDENT SIGNATURE** \_\_\_\_\_

The following **must** be attached to this application:

1. Transcript of grades from high school and college(s).
2. Proof of acceptance in the program you plan to attend.
3. Essay of 100 to 200 words on your need for this scholarship: include any unusual circumstances, motivation for selecting this field of study including a statement of your career goals at this time.
4. Two **current** letters of support from your teachers or other persons who can speak to your abilities.
5. Academic institution financial aid information if applicable and **copy of FAFSA** form.

