

Address:
Telephone:
High School Attended:
Year of graduation:
School/College you will attend in the fall of 2025:
City/State:
Intended Major or area of study:
Parent/Guardian's Occupation: Where:
List school and community activities, you have participated in:
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How do you plan to fund your education?
Have you been awarded any other scholarships or financial aid? Please list name and amount:
Summary of your career goals:
Applicant's Signature:



Eligibility:

Students pursuing degrees in a medical related field or a Student whose

parents/guardians currently work in a medical related field.

* First preference will be given to students living in Bristol County, MA

Requirements:

Applicants must submit:

Signed, completed application

form;

Official transcript from current school (high school or college)

A letter of reference from one of the

following:

An academic or work related reference

Only a complete application including all the information listed will be eligible for consideration.

Applications must be received at Prima Care Administration no later than April 30, 2025

Submissions should be mailed to:

Prima Care Scholarship Foundation PO Box1070 Fall River, MA 02722

For more information please call (508) 676-3292