



**2024**

**iMed Centers Scholarship**

Visit [www.imedcenters.com](http://www.imedcenters.com)  
March 22nd, 2024 for the full application!

# 2024 iMed Centers Scholarship

## About the Scholarships

Integrated Medical Centers are committed to supporting higher education opportunities through our iMed Centers Scholarship. For 2024 we'll be offering a one-thousand dollars (\$1,000.00) scholarship to a deserving student. We are excited to review all the applications and announce the winners of the 2024 iMed Centers Scholarship.

The subject for the 2024 iMed Centers Scholarship is “**Self-care During Your Freshman Year and Beyond**”

## Who can apply

Our iMed Centers Scholarship is available to:

- All High School Seniors graduating from any of the following schools:
  - Norwalk High School
  - Brien McMahon High School
  - Stamford High School
  - Westhill High School
- Must be accepted for full-time enrollment at a 4-year college or university.
- Must have a cumulative GPA of 2.5 or higher.
- Must be interested in a career in the health field (MD, DO, DC, DPT, PT, NP, PA, RN, NP DDS, DMD etc.)

## How to apply

Download the application from our website [www.imedcenters.com](http://www.imedcenters.com) or ask your school guidance counselor for a copy of the application. Mail the application and required documents to:

**Norwalk Integrated Medical Center**  
Attn: iMed Centers Scholarships  
147 East Ave,  
Norwalk, CT 06851

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## **Deadline:**

All entries must be postmarked before midnight on May 10, 2024 or dropped off at our Norwalk office by 5:00 pm. Entries sent by e-mail or after the deadline will not be accepted. iMed Centers will not be responsible for any late, lost or damaged entries.

## **Discover ways to take care of your mental and physical health For a chance to earn a \$1,000 SCHOLARSHIP**

### **Entering the Contest**

The following items must be returned in a single package marked on the outside with the student's name and school.

- Scholarship Application. Typed and complete along with a recent photo attached
- High School Transcript.
- SAT or ACT score. (a printout from CollegeBoard.com is acceptable)
- Student presentation must be based on the following:

The transition from high school to college can be a challenging experience. You are leaving the safety of your home to explore new ideas, learn new subjects, and meet new people. This change can be physically, mentally and emotionally stressful.

Please write a 500-word essay answering the following questions:

1. What physical, mental and emotional stressors do you anticipate that you'll encounter during your first year in college?
2. Explain how you plan to overcome these stressors and stay healthy during your freshman year.
3. As a future healthcare provider, you'll likely encounter similar stressors throughout your career. How do you plan to apply some of the principals and strategies that you learned as part of this essay, to your career in health care?

### **Selection of Winners**

A panel of judges at iMed Centers will choose the winner(s) who will receive a \$1,000 scholarship to the college or university of their choice. All applicants will be notified by email on May 17, 2024 as to the winning scholarship(s). Scholarships will be presented at the student's school or our Norwalk Imed Centers office during the week of May 20, 2024. *Mandatory attendance is required of all winners to receive their scholarship.*

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## Ownership of Entries

All entries submitted become the property of Norwalk Integrated Medical Center LLC. Entry materials will not be returned to any entrant. By submitting any entry, the practice owns all rights to use, modify, reproduce, publish, perform, display, distribute and promote the artwork in perpetuity without compensation to you or any other person. As a condition of receiving a scholarship, each winner is giving their consent to the use of their name, area of residence and school name. Each winner is also giving consent to using their likeness (as in a photograph or on television, billboard, etc) without limitations, for promotional purposes without further payment.

## Release

By entering the contest, you and your parents or legal guardians release and agree to hold harmless Norwalk Integrated Medical Center LLC, iMed Centers and their employees, from any liability whatsoever in connection with entering the contest, accepting the prize, or anything that may arise related to the contest.

## Questions:

Contact Johanna Murcia at [Johanna.Murcia@imedcenters.com](mailto:Johanna.Murcia@imedcenters.com)



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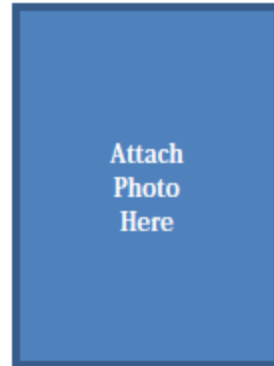
**iMed Centers  
Scholarship Application**

**Personal Information**

*All personal information provided will be kept strictly confidential.*

Please attach a recent photo of yourself to this application.

Please type



Name: \_\_\_\_\_

High School: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ Gender:  Male  Female

Weighted GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_ of \_\_\_\_\_

SAT Scores: V \_\_\_\_\_ M \_\_\_\_\_

Intended Major: \_\_\_\_\_

College/University you plan to attend this fall \_\_\_\_\_

List all other scholarships for which you have applied and the status of each (whether the scholarship was granted)

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Mother's Name (or Legal Guardian): \_\_\_\_\_

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

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

Home Phone #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Cell Phone #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_

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

Father's Name (or Legal Guardian): \_\_\_\_\_

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

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

Home Phone #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Cell Phone #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_

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

Please mention any circumstance that may affect your ability to pay for college.

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How did you learn about the [iMed Centers Scholarship](https://www.imedcenters.com)?

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**Extracurricular Activities**

Clubs, sports, fine arts groups, volunteer work, scouting, jobs, internship, church involvement, special interest and hobbies.

Activity	Number of years participated	Number of hours contributed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Honor Pledge**

I certify that the information provided in this application packet is complete and accurate to the best of my knowledge. I understand that falsification of information will result in termination of any scholarship granted. I understand that incomplete or late applications will not be considered. Should I receive a scholarship, I permit Norwalk Integrated Medical Center to use my presentation, name, and likeness, in publicity materials relating to the scholarship program.

Signature of Applicant: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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**iMed** | INTEGRATED  
MEDICAL  
CENTERS

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**Norwalk Office**

147 East Ave,  
Norwalk, CT 06851  
Tel: (203) 845 - 0400

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