



2020

iMed Centers Scholarship

**Visit www.imedcenters.com
February 1st, 2020 for the full application!**

2020 iMed Centers Scholarship

About the Scholarships

Integrated Medical Centers are committed to supporting higher education opportunities through our iMed Centers Scholarship. For 2020 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 2020 iMed Centers Scholarships.

The subject for the 2020 iMed Centers Scholarship is “**Tech Neck and how to prevent it**”

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 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

Deadline:

All entries must be postmarked before midnight on April 18, 2020 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.

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Learn about Tech-Neck, how to prevent it & WIN 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:

As we become more dependent on technology, we are putting additional stress on our joints and muscles. It has become so prevalent, that medical providers started using the terms “Tech-Neck” or “Text-Neck” to describe the symptoms often seen as a result of poor posture or poor ergonomics when using mobile devices.

For the purpose of this contest, both “Text-Neck” and “Tech-Neck” are considered synonyms of each other.

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

1. What is “Tech-Neck”?
2. What are some of the signs and symptoms associated with this condition?
3. As you enter your first year in college, you’ll spend countless hours working on your computer or mobile device. What are some of the ways that you can prevent developing “Tech-Neck” and stay physically healthy while dealing with the stress and demand associated with college life?
4. As a future healthcare provider, how does a condition such as “Tech-Neck” affect patients in your desired field of study?

For example: If you plan to become a dentist, how does “Tech-Neck” affect dental

Patients. (Apply to your own field of study)

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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 e-mail on May 8, 2020 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 18, 2020. *Mandatory attendance is required of all winners to receive their scholarship.*

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



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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.

How did you learn about the [iMed Centers Scholarship](#)?

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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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MEDICAL
CENTERS

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

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