



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.

APPLYING:

Persons applying for the Scholarship should submit an application and all supporting information by May 1, 2026, to:

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

APPLICATION FOR KERMIT GORDON SCHOLARSHIP

1. Full 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.
Name & Address (Please provide proof of acceptance.)

-
6. Field of Pursuit: _____
 7. Previous college attended:

Name of School

Location

Date or Attendance

<i>Name of School</i>	<i>Location</i>	<i>Date or Attendance</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

-
9. Experiences: working, volunteer activities, hobbies

(Continued)

APPLICANT

Present Occupation: _____
Place of employment: _____
Income before taxes: _____
Other income: _____

IF MARRIED

Spouse name: _____
Occupation: _____
Place of employment: _____
Income before taxes: _____
Other income: _____

Father's name: _____
Address: _____
Occupation: _____
Place of employment: _____
Income before taxes: _____
Other income: _____

Mother's name: _____
Address: _____
Occupation: _____
Place of employment: _____
Income before taxes: _____
Other income: _____

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:
From scholarships _____	Tuition: _____
From savings: _____	Room & Board: _____
From work: _____	Books & Fees: _____
From other sources: _____	
TOTAL: _____	TOTAL: _____

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

STUDENT SIGNATURE & DATE SIGNED _____

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.

RECCOMENDATION

APPLICANTS NAME _____

You have been asked to provide information concerning the above applicant for the Kermit Gordon Scholarship. Your response will be held in strict confidence. Please return it directly to:

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

1. In what capacity have you known the applicant?
2. How long have you known the applicant?
3. How well have you known the applicant?

Very Well

Faily Well

Limited

4. Please rate the applicant from one to four on the following items:

Circle the appropriate number for each.

(1 is highest, 4 is lowest)

- | | | | | |
|---|---|---|---|---|
| a. Based on the applicant's ability and capabilities, he/she has made a wise and realistic choice for a profession in the health field. | 1 | 2 | 3 | 4 |
| b. Applicant exhibits a strong commitment to his/her studies. | 1 | 2 | 3 | 4 |
| c. Contribution to school activities. | 1 | 2 | 3 | 4 |
| d. Achievement records reflect his/her ability. | 1 | 2 | 3 | 4 |
| e. Emotionally capable of coping with post-secondary academic requirements. | 1 | 2 | 3 | 4 |
| f. Applicant's attitude will be an asset to his/her educational and career plans. | 1 | 2 | 3 | 4 |
| g. Your personal expectation of applicant's academic success. | 1 | 2 | 3 | 4 |

5. Unusual circumstances or factors which you feel warrant special attention:

Evaluator Signature

Title

Date