

The 2019 James W. Hunt, Jr.  
Community Health and Public Service Scholarship

About the Scholarship:

The Massachusetts League of Community Health Centers is pleased to announce the availability of the Hunt Scholarship. This \$2,000 cash scholarship is awarded to a student at the undergraduate level who displays a genuine interest in community and public health through either academic study or volunteer service.

Established in 1992, the Hunt Scholarship was named in honor of the Massachusetts League of Community Health Centers' long-standing Chief Executive Officer, James W. Hunt, Jr., who first joined the health center movement in 1972 through volunteer participation on a community health center board and who rose to become, and still is, the President and CEO of the Massachusetts League of Community Health Centers. As both a state and national leader on community-based health care issues, Jim promotes the value of health centers in improving access to quality health care while reducing costs across the health system.

Application Process:

Candidates must submit an application along with a short essay (no longer than two typed pages) expressing their interest in community health or public service. Letters of support and documentation demonstrating financial need are welcome but are strictly optional. **Applications and essays will be accepted by email and mail (as long as they are postmarked) by Monday, April 1, 2019.** The recipient must be available to receive the award at the Annual Meeting of the Massachusetts League of Community Health Centers on Wednesday, May 8, 2019 during the League's Annual Conference at the Sea Crest Beach Hotel in Falmouth, MA.

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Please send all materials to:  
James W. Hunt Jr. Scholarship  
c/o Massachusetts League of Community Health Centers  
40 Court Street, 10<sup>th</sup> floor  
Boston, MA 02108

Inquiries to: [cshaughnessy@massleague.org](mailto:cshaughnessy@massleague.org)  
or call 617-988-2240

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**Application Deadline – postmarked by April 1, 2019**

Application must be submitted with written essay

**PERSONAL DATA**

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

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

If different from the above, please give your mailing address for all correspondence:

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

Phone at mailing address: \_\_\_\_\_ Permanent home phone : \_\_\_\_\_

E-mail address: \_\_\_\_\_

Possible area(s) of academic concentration or major: \_\_\_\_\_

Possible career or professional plans: \_\_\_\_\_

**EDUCATIONAL DATA**

High School you now attend (or from which you graduated): \_\_\_\_\_

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

Date of Graduation: \_\_\_\_\_

If not currently attending school, please check here  Describe in detail your activities since last enrolled.

Name of post-secondary school for which financial aid is requested: \_\_\_\_\_

**VOLUNTEER AND WORK EXPERIENCE**

List any volunteer activity and job (including summer employment) you have held during the past three years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WRITTEN ESSAY**

Please attach a written essay (no longer than two typed pages) expressing your interest in community health or public service.