



2016

iMed Centers Scholarship

Visit www.imedcenters.com
January 1st, 2016 for the full application!

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About the Scholarship

Integrated Medical Centers are committed to supporting higher education opportunities through our iMed Centers Scholarship. The 2016 iMed Centers Scholarship will be our inaugural scholarship and we are excited to announce the winners of the first of many future scholarships.

The 2016 iMed Centers Scholarship focuses on **Sitting Disease**.

Who can apply

Our iMed Centers Scholarship is available to:

- All Norwalk, Darien, Wilton, Westport, New Canaan and Weston High School Seniors
- Must be accepted for full-time enrollment at a 4-year college or university.
- Must have a cumulative GPA of 2.0 or higher.

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
365 Westport Ave, Suite 3
Norwalk, CT 06851

Deadline:

All entries must be postmarked before midnight on March 18, 2016 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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PREVENT SITTING DISEASE & WIN A \$2,000 SCHOLARSHIP

Sitting Disease has been described as being as hazardous for our health as smoking tobacco. Yet, a vast number of people work and study while sitting for over 8-hours a day.

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:

According to a report, published in the January 2015 edition of the *Annals of Internal Medicine*, “more than half of the average person’s waking hours are spent sitting: watching television, working at a computer, commuting, or doing other physically inactive pursuits. All that sitting could be sending us to an early grave.” Prolonged sitting is so prevalent in our lifestyle that it has been labeled as “sitting disease”

As you enter your first year in college, you’ll be spending countless hours sitting in class and studying in the library. Please write a one to two page essay answering the following two questions:

1. How do you intend to stay physically healthy while dealing with the stress and prolonged sitting associated with college life?
2. How do you suggest professionals who tend sit for a living, address and prevent any of the medical conditions associated with prolonged sitting?

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Selection of Winners

A panel of judges at iMed Centers will choose the winner(s) who will receive a \$2,000 scholarship to the college or university of their choice. All applicants will be notified by e-mail the week of May 2, 2016 as to the winning scholarship(s). Scholarships will be presented at our Norwalk Imed Centers office during the week of May 9, 2016. *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. 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, 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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[Youtube.com/imedcenters](https://www.youtube.com/imedcenters)
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Norwalk Office

365 Westport Ave, Suite 3
Norwalk, CT 06851
Tel: (203) 845 - 0400

Fairfield Office

527 Tunxis Hill Road
Fairfield, CT 06825
Tel: (203) 333 - 7788

Danbury Office

46 Mill Plain Road
Danbury, CT 06811
(203) 297 - 6120

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