



## Orthopaedic Specialty Group Education Foundation, Inc.

*"What ever you give will return to you tenfold"*

### Orthopaedic Specialty Group Scholarship

Established July 15, 2009, the Orthopaedic Specialty Group Education Foundation was founded to foster humanitarian outreach and education related to musculoskeletal care at home and abroad. The Foundation offers annual scholarships for students pursuing post-secondary training in musculoskeletal care.

- Six, \$2,500 scholarships will be awarded.
- Training must relate to a career in a healthcare related field with an emphasis on musculoskeletal care.
- Applicants must plan to attend a college, university or pursue a postgraduate degree.

### General Criteria for all Scholarships

- Anyone\* pursuing post secondary training (four year degree or advance degree) in a musculoskeletal care related field is eligible to apply.
- Examples of career choice studies for consideration include: nursing, physician, physician assistant, occupational therapy, physical therapy, bachelors/masters degree in radiology, bio-engineering related to musculoskeletal surgery.
- Applicants must reside in Fairfield or New Haven County.
- Eligible applicants must be accepted or currently enrolled in an accredited university, college, or post-secondary training program.
- Eligible applicants not yet committed to an academic institution may still apply. Once accepted, the applicant must be enrolled for the Fall semester, 2026.
- All awards will be submitted directly to the university/college to be applied toward tuition or educational expenses.

\* Employees of Orthopaedic Specialty Group and/or family members residing in their households can also participate. The OSG staff member connected to the applicant has to have been working for a minimum of one year at Orthopaedic Specialty Group and have a history of above average satisfactory employment.

# Orthopaedic Specialty Group Education Foundation Educational Scholarship

Scholarships are available to all students and allied health professionals interested in furthering their education in musculoskeletal care. Students must be a senior in high school, applying to, accepted to or enrolled in an accredited university, college, or post-secondary training program. All employees of Orthopaedic Specialty Group and family members residing in their households are also eligible candidates for consideration.

The financial award will be contingent upon enrollment to an accredited program. Past recipients of the scholarship may not re-apply. Students must have a GPA of 3.0 or greater to be considered for an award. Applicants must be a permanent Resident of the United States or a U. S. Citizen. The Orthopaedic Specialty Group Foundation's decisions are final.

## Deadline for applications:

Scholarship application packages are due in the office by 4 p.m., Thursday, April 30, 2026. Applications must be submitted to:

Scholarship Committee  
**Attn: Kathleen Monaco**  
Orthopaedic Specialty Group  
305 Black Rock Turnpike  
Fairfield, CT 06825

## Award Announcement:

Thursday, May 21, 2026

## SCHOLARSHIP APPLICATION CHECKLIST

Incomplete applications will not be considered. As a benefit to help you fully complete your application, please utilize the following checklist. In judging the applicants, a similar checklist will be utilized to determine if the necessary information has been submitted and the application is deemed complete.

- Personal Information completed
- Education Information completed
- Other Educational Information (to be included separate from application)
  - Educational transcript or diploma for high school (official copy preferred)
  - College transcript if applicable (official copy preferred)
  - Degree or educational program information
  - Proof of acceptance or enrollment to an accredited institution of higher education
- References listed
- Essay on educational and career goals
- Copy of your Resume
- Signed Application



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## SCHOLARSHIP APPLICATION

### PERSONAL INFORMATION

Full Name: \_\_\_\_\_ Date of application: \_\_\_\_\_

Address (Number & Street) \_\_\_\_\_

Address (City, State & Zip Code) \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

What is your relationship to OSG? Please check and fill in details as requested if applicable:

☐ OSG Patient = Yes; Date last seen: \_\_\_\_\_

☐ Employee/Family of OSG = Yes; describe relationship to employee \_\_\_\_\_

### EDUCATIONAL INFORMATION

Graduate of what high school \_\_\_\_\_ Year Graduated: \_\_\_\_\_

If you are a recent graduate, please provide us with the guidance counselor's name and phone number:

\_\_\_\_\_

Highest level of education completed to date: \_\_\_\_\_

Are you currently receiving scholarships or grants? ☐ YES ☐ NO

College or post-secondary institution name: \_\_\_\_\_

Location of institution: \_\_\_\_\_

Name of degree/training program wish to pursue: \_\_\_\_\_

The purpose of this program is for: ☐ Undergraduate Degree ☐ Graduate Degree

To date, how many credit hours have you completed towards degree or certification: \_\_\_\_\_

How many hours do you have left to complete your degree or certification: \_\_\_\_\_

Will you be a full or part-time student: ☐ Full-time ☐ Part-time

Anticipated graduation date: \_\_\_\_\_ GPA: \_\_\_\_\_

If you are currently enrolled in a college or post-secondary training institution, indicate name and telephone number of person to contact for verification:

\_\_\_\_\_

## SCHOLARSHIP APPLICATION

### REFERENCES

Provide three letters of local character or employment references. Include name, relationship, and contact data.

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

Relationship to Contact: \_\_\_\_\_

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

Relationship to Contact: \_\_\_\_\_

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

Relationship to Contact: \_\_\_\_\_

### ESSAYS & RESUME – Complete on separate pages

**Career goals/educational goals** (no longer than 2 pages/double spaced/font size 12): Please describe your career goals and educational goals. Include your reasons for choosing a healthcare related profession related to the musculoskeletal system. Please type response on separate sheet to be included with completed application.

**Resume:** Please provide us with an up-to-date resume. Include community involvement (non-paid positions). The committee will be reviewing and considering this information during the selection process. Please include copy of resume with completed application.

**Affidavit:** I certify that the information provided in this application is complete and correct. I grant my permission for the Orthopaedic Specialty Group Education Foundation to obtain any and all background information authorized by law to process this application. I further understand that if any information has been misrepresented, falsified or omitted, any offer of an Orthopaedic Specialty Group Education Foundation Scholarship will be withdrawn without any obligation or liability on the part of the Orthopaedic Specialty Group Education Foundation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SUBMISSION:** Prior to submitting, please check your application for completeness including essay responses and resume. See Scholarship Application Checklist. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

#### Application Process:

Return the completed application with appropriate educational program information, career/educational goals essay, resume, high school transcripts (and college transcripts if applicable), and proof of acceptance (or application) to accredited institution of higher education to:

**Scholarship Committee**  
**Orthopaedic Specialty Group Education Foundation**  
**Attn: Kathleen Monaco**  
**305 Black Rock Turnpike**  
**Fairfield, CT 06825**