

# CONRAD-NESTOR-WALSH SCHOLARSHIP - 2026

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David Chronley, MD, created the Conrad-Nestor Scholarship in 1999 to honor two country doctors at South County Hospital. Robert L. Conrad, a general surgeon, was on staff from 1965 to 2000 and was instrumental in improving the facilities, staff, and patient care at South County Hospital. He served as both President of the Medical Staff and Chief of Surgery. During his tenure he established the first EMT training in the state, the first radio communication between SCH and the rescue squads, and the first FAA-approved hospital heliport in New England. Thomas A. Nestor, MD, a surgeon and family doctor, was on staff at SCH from 1946 to 1986 and was known for his formidable schedule and compassion for his patients. He made house calls until his retirement. Serving as a Major in WWII Parachute Infantry, Dr. Nestor made numerous jumps under fire to care for wounded soldiers on the battlefields of the South Pacific.

In 2021, this scholarship honored another long time South County Hospital provider, John Walsh, MD who passed away in 2019. He arrived at South County Hospital in 1953 where he spent 57 years of his 63-year medical career. He was the hospital's first board-certified surgeon and also served as the hospital's Chief of Surgery. Dr. Walsh practiced general surgery until the age of 65 when he put away his scalpels. His retirement was short-lived and he spent the next 24 years in the emergency department at South County Hospital until the first day of his final retirement which coincided with his 89th birthday on January 1, 2011.

The Conrad-Nestor-Walsh scholarships will be awarded to students who are entering post-secondary training and who demonstrate a combination of academic achievement and financial need.

## SELECTION CRITERIA

IN ORDER TO QUALIFY, YOU MUST MEET THE FOLLOWING CRITERIA:

1. Be a graduating high school senior and resident of Rhode Island.
2. Be accepted into an accredited, post-secondary institution.
3. Be able to demonstrate academic accomplishment.
4. Be a child/grandchild/dependent of a current South County hospital employee/volunteer.

## APPLICATION REQUIREMENTS

1. A completed application form.
2. One essay (300 words or less)
3. Your most recent official high school transcript.
4. One letter of recommendation, completed by a representative of an organization or employer for whom you have worked or volunteered, describing your service to their organization.
5. One letter of recommendation from a teacher or guidance counselor.

## DEADLINE

The Scholarship Committee must receive your application by **April 10<sup>th</sup>**. Grants will be made on an objective, non-discriminating basis. Please deliver your completed application and associated required documents no later than April 10<sup>th</sup> to:

Kace Quinn  
Medical Staff Office  
South County Hospital  
100 Kenyon Avenue  
Wakefield, RI 02879

[kquinn@southcountyhealth.org](mailto:kquinn@southcountyhealth.org)

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## APPLICATION FOR CONRAD-NESTOR-WALSH SCHOLARSHIP AWARD

### 1. STUDENT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last/first/middle initial month/day/year

Permanent Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name of School: \_\_\_\_\_

Parent, stepparent or guardian A: \_\_\_\_\_  
Name (last, first, middle initial) Age  
\_\_\_\_\_  
State of legal residence

Parent, stepparent or guardian B: \_\_\_\_\_  
Name (last, first, middle initial) Age  
\_\_\_\_\_  
State of legal residence

I am the ☐ child, ☐ grandchild or ☐ dependent of a current South County Health employee/volunteer.

Current Employee/Volunteer's Name and Department \_\_\_\_\_

### 2. ACADEMIC INFORMATION

*Please attach an official copy of your most recent high school transcript.*

What was your highest SAT score? Math: \_\_\_\_\_ Evidence-Based Reading/Writing: \_\_\_\_\_  
Optional Essay: \_\_\_\_\_

What is your class rank? \_\_\_\_\_

Post-secondary institution for which aid is requested: \_\_\_\_\_

Are you: ☐ Accepted ☐ Enrolled ☐ Awaiting a decision

If enrolled, enrollment status: ☐ Fulltime ☐ Part time

Housing status: ☐ On campus ☐ Off campus ☐ At home with family

Intended field of study: \_\_\_\_\_

Degree sought: \_\_\_\_\_

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## 3. STUDENT ACTIVITIES

Please attach a resume or list of activities in which you participate. Please include the following information:

- Positions held
- Dates of participation
- Estimated time spent on each activity
- Any special honors received

## 4. ESSAY

Please provide a typed essay explaining why you should be considered for this scholarship (i.e., include such things as the nature of any community service participation and the work's influence on you) (300-word limit, double-spaced, typed).

## 5. CERTIFICATION AND SIGNATURES

I (we) certify that the information on this form is true and complete to the best of my (our) knowledge. I (we) realize that failure to comply with a request for additional information may prevent the applicant from receiving any aid.

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Applicant's Signature

Date

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Parent's or Guardian's Signature (if applicant is a dependent)

Date