

*Building healthier communities, together*

Dear Scholarship Applicant:

Enclosed is the application form for the **Samaritan Pacific Communities Hospital Auxiliary Health Care Scholarship**. Each year the Samaritan Pacific Communities Hospital Auxiliary offers two \$750 scholarships to SPHS employees, who are returning to school to attend classes in a health care field. Applications received January 1 thru May 31 will be considered together, and one will be awarded by June 30. Applications received June 1-November 30 will be considered together, and awarded by December 31. You will be notified by mail.

**In the evaluation process by the Scholarship Committee, consideration will be given to the following areas:**

Quality of the application  
Quality of reference  
Volunteer work/paid employment  
Financial need  
Extracurricular activities

The cover page attached to the application provides a checklist for you to use to ensure that your application is complete before you send it to us. **ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED.**

Be sure that the reference is enclosed with your application; it may be placed in a sealed envelope by the person who has written the reference for you.

If you have any questions, please contact Scholarship Chairman, Karen Murphy ext 1827, or Melissa Maxon, Coordinator, Volunteer Services, 541-265-2244 ext 2537.

Sincerely,

SAMARITAN PACIFIC COMMUNITIES HOSPITAL AUXILIARY

Karen Murphy  
Chairperson, Scholarship Committee

Melissa Maxon  
Coordinator, Volunteer Services

Dear Scholarship Applicant:

The Samaritan Pacific Communities Hospital Auxiliary of Newport Samaritan Pacific Communities Hospital Auxiliary offers two \$750 scholarships to Lincoln County residents, who are out of school but who are returning to school to attend classes in a health care field. The money granted is to be used to defray tuition, fees and textbook expenses.

The following documents must be completed and included with your application. Please submit the application typed or legibly written in black ink.

1. \_\_\_\_\_ SPCH Auxiliary Health Care Scholarship Request Form.
2. \_\_\_\_\_ A one-page resume which includes a description of your community service/extra-curricular activities; a short narrative of your career aspirations and plans; work/volunteer experience; any awards or honors; and some information about your family.
3. \_\_\_\_\_ One current reference on the form provided from persons other than your family, for example former employers, or volunteer supervisors.
4. \_\_\_\_\_ Proper signatures are required where indicated.

Please mail the completed application, including all of the above-noted documents, to:

Volunteer Services  
Samaritan Pacific Communities Hospital  
PO Box 945  
Newport, OR 97365

Sincerely,

SAMARITAN PACIFIC COMMUNITIES HOSPITAL AUXILIARY

Karen Murphy  
Chairperson, Scholarship Committee

Melissa Maxon  
Coordinator, Volunteer Services



**FINANCIAL INFORMATION:**

Number of Dependents \_\_\_\_\_ Ages of Dependents \_\_\_\_\_

Household Income/Earnings \$ \_\_\_\_\_

Source \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your Occupation \_\_\_\_\_

\_\_\_\_\_

Employer \_\_\_\_\_

**Scholarship/Grant Information**

*Other scholarships/grants for which you have applied for the 2007-2008 school year:*

<u>Name</u>	<u>Amount</u>	<u>Granted (Y or N)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Have you ever received a Samaritan Pacific Communities Hospital Auxiliary Scholarship?**

Yes  No  If yes, what year(s): \_\_\_\_\_

**I have completed all application and financial information. I understand any incomplete or false documentation eliminates my consideration as a scholarship applicant.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (if applicant is a dependent)

\_\_\_\_\_  
Date

**SAMARITAN PACIFIC COMMUNITIES HOSPITAL AUXILIARY  
HEALTH CARE SCHOLARSHIP APPLICATION**

930 SW Abbey St  
Newport, OR 97365

**SCHOLARSHIP REFERENCE FORM**

**Name of Applicant:** \_\_\_\_\_

The applicant has requested you to write a reference for a scholarship application. Applicants are evaluated on: quality of application, quality of references, GPA, volunteer work/paid employment, financial need, choice of health field, and extracurricular activities. Therefore, the information you contribute is extremely important in the Scholarship Committee's decision. Please check the areas that you feel comfortable commenting upon.

The applicant must include this completed reference form with their scholarship application.

**No separate letters will be accepted.** The postmark deadline for the completed application is **May 31<sup>st</sup> for the first cycle & November 30<sup>th</sup> for the second** . You may place this completed reference form in a sealed envelope before returning it to the applicant. Thank you for your assistance.

**Please complete the following:**

	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>
1. Emotional maturity	_____	_____	_____
2. Work habits	_____	_____	_____
3. Responsibility	_____	_____	_____
4. Interaction	_____	_____	_____
5. Leadership	_____	_____	_____
6. Academic performance	_____	_____	_____
7. Other: _____ _____			

Please share any additional information that will support your evaluation of the applicant:  
*(Do not use reverse side of paper; please use additional paper if needed.)*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Name (Print) \_\_\_\_\_ Position: \_\_\_\_\_

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