

Building healthier communities, together

Dear Scholarship Applicant:

Enclosed is the application form for the **Samaritan Pacific Communities Hospital Auxiliary High School Scholarship**. Each year the Samaritan Pacific Communities Hospital Auxiliary offers one \$1,000 scholarship to men and women, graduating from high school in Lincoln County, who plan to pursue a career in a medically related field in a hospital setting, this scholarship payable after the first completed year of studies in the medically related field.

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

Quality of the application
Quality of reference
GPA (minimum of 3.0 required)
Volunteer work/paid employment
Financial need
Choice of health field
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.**

The postmark deadline for the completed application is **28 April**. Be sure that the reference is enclosed with your application. Please instruct your reference that the completed form *must* be placed in a sealed envelope.

If you have any questions, please contact Scholarship Chairman, Karen Murphy 541-265-6064, 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 High School Scholarship Applicant:

The Samaritan Pacific Communities Hospital Auxiliary of Newport offers scholarships to men and women to pursue studies in medically-related professions. 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. _____ Samaritan Pacific Communities Hospital Auxiliary Scholarship Application.
2. _____ Your most current official high school academic transcript.
3. _____ 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.
4. _____ One current reference on the form provided from someone outside your family, preferably a school counselor or principal, teacher, former employer, or volunteer supervisor.
5. _____ 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

The completed application must be postmarked on or before the deadline of **28 April** in order to be considered by the committee.

Sincerely,

SAMARITAN PACIFIC COMMUNITIES HOSPITAL AUXILIARY

Karen Murphy
Chairperson, Scholarship Committee

Melissa Maxon
Coordinator, Volunteer Services

**SAMARITAN PACIFIC COMMUNITIES HOSPITAL AUXILIARY
HIGH SCHOOL SCHOLARSHIP APPLICATION**

930 SW Abbey St
Newport, OR 97365

Legal Name In Full: _____
First *Middle* *Last*

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone Numbers: Home: _____ **Work:** _____

School Now Attending(Name/Address): _____

School Attending for coming year (Name/Address): _____

Are you currently enrolled in a medically related program? Yes No

If yes, please name: _____

Do you plan to work while attending school? Yes No

If yes, approximately how many hours per week? _____ Hours

Please list your employment experience and significant volunteer work:

<u>Employment</u>	<u>From</u>	<u>To</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Volunteer Experience</u>		
_____	_____	_____
_____	_____	_____
_____	_____	_____

FINANCIAL INFORMATION:

Dependent Students:

(To be completed by applicants who are claimed as a dependent by their parents for tax reporting purposes.)

Father's Full Name _____

Address _____

Home Phone _____ Work Phone _____

Occupation/Employer _____

Mother's Full Name _____

Address _____

Home Phone _____ Work Phone _____

Occupation/Employer _____

How many children besides yourself are dependent on your parents for their support? _____

Ages: _____ How many will be attending college this fall? _____

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
HIGH SCHOOL 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 **28 April**. 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: _____