

**The Gribler Loving Trust
Endowed Nursing Education Scholarship
Samaritan Pacific Communities Hospital
Administered by
The Pacific Communities Health District Foundation**

Sponsor: The Gribler Loving Trust

Olga ('06) and Bill Gribler ('85), residents in Newport since 1947. Bill taught music and entertained throughout the community on the piano, violin, and accordion. Olga worked for the telephone company and later the Bank of Newport. Together they enjoyed digging clams at the beach, hunting and traveling. They established this generous scholarship to address the ongoing need for quality nurses in our rural area.

Award: The recipient will be awarded **up to** \$2,000 a year for **up to** two years, which will be issued upon proof of enrollment/acceptance in a nursing program at an accredited college/university or other educational institution.

It is our hope that this program will bring dedicated health care professionals to our system and meet the growing needs in our communities in Lincoln County. This program offers financial assistance, with the expectation that upon completion of your degree/program you will apply within Samaritan Pacific Health Services (SPHS) for employment in Lincoln County and accept a position that applies to your degree, if available.

This award may be used for tuition and books but **will not cover** living expenses, uniforms, testing fees or any other costs that could be interpreted as an employment benefit. *This is for informational purposes only and not intended to be a contract.*

Purpose: The intent of this scholarship is to assist a resident from Lincoln County, Oregon:

1. To secure training in order to enter or re-enter the field of nursing
2. Who is pursuing a career as a Registered Nurse
3. Who needs training to improve working skills
4. Who has obligations in addition to those of providing for his/her education

Eligibility:

1. Submit a fully complete application and appear for an interview if requested
2. Must have completed prerequisite courses
3. Applicant must enroll in an accredited nursing program the year of the award
4. Must be a U.S. citizen and a resident of Lincoln County for a minimum of one year
5. Must qualify as an older learner; recent high school graduates are not eligible
6. Successful applicant must sign an agreement to work within the SPHS system in Lincoln County for up to 2 years upon graduation if a position is available
7. Extra consideration will be given for previous military service or experience in the medical field (EMT, Nurses Aid, LPN)

How to Apply:

1. Obtain an application form from:
 - a. Pacific Communities Health District (PCHD) Foundation, 140 NE 4th, Newport (physical address), (574-1810), www.samhealth.org/pchdf or
 - b. Oregon Coast Community College, Student Services, (574-7101)
2. Provide two letters of recommendation (Preferred Examples: An instructor, previous or current employer, and/or any individual who may have known you in a professional capacity).
3. Provide a 250-word autobiography addressing your commitment, background, work ethic and desire to become a nurse.
4. Provide verification of acceptance to an accredited academic institution, including start date and expected date of completion.
5. Provide a copy of your applicable transcripts. (First-year students, submit transcripts from your prerequisite work. Second-year students, submit transcripts from your first year.)
6. Submit the application, recommendation letters, transcripts and verification of acceptance in person to the PCHD Foundation, 140 NE 4th Street, Newport, or via mail to PCHD Foundation, (mailing address) 930 SW Abbey, Newport OR 97365.
7. Deadline: August 13, 2010

Selection:

1. Applicant must show that his/her educational plan is specific to getting into the workforce within a two-year period
2. Applicant may be asked to interview for the scholarship
3. Final award selection will be made by a committee appointed by Samaritan Pacific Communities Hospital

Notification of Award: The successful applicant(s) will be notified by September 3 of his/her award for the year.

Applicants may choose one of the following options:

1. Receive reimbursement for tuition and books
 - a. Requires evidence of tuition and/or book payments
 - b. Requires evidence of passing grades (“C” or better) for each term
2. Have payments made directly to the educational institution for tuition and/or books
 - a. Requires evidence of tuition billing

- b. Requires evidence of passing (“C” or better) for each term

Reapplication required every year: This scholarship may be renewable for a total of two years. All applicants must reapply annually to receive consideration of funding for an additional year. Reapplication will consist of submission of grades for the previous term and proof of registration (such as class registration information, registrar reports, etc) for the upcoming year.

Changes to your address, name, or enrollment status: If any of the information on your application changes in the future, please be sure to contact the PCHD Foundation with the corrections. An inability to contact you due to neglect on your part or a change in school status could effect monetary payments.

Thank you and best of luck.

Revised 7/12/10 SPCH

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Endowed Health Education Scholarship
Application
Deadline: August 13, 2010

Name: _____ Date: _____ Date of Birth: _____

Mailing Address: _____

Telephone: _____ E-mail: _____ Years in Lincoln County: _____

Married: ____ Single: ____ Number of Dependent Children and Ages: _____

Other Dependents: _____ Education: High School? Yes ____ No ____ GED ____ Other? _____

Post Secondary Study/Training (Health Care Courses Completed) Degrees: _____

Training Desired: What? Where? How Long? _____

Reasons for Desiring Further Education: _____

Estimated Expenses: _____

Estimated Income or Support While Attending School: _____

References: Lincoln County Residents Name & Address, Phone #, Hours to call

1. _____

2. _____

Please follow the instructions outlined in "How to Apply" above and submit your completed application to: The PCHD Foundation, 930 SW Abbey, Newport, OR 97365. Incomplete and late applications will not be considered. Use a separate sheet of paper if necessary.