



Dear Grant Applicant:

Enclosed is the application form for the **Samaritan Pacific Communities Hospital Auxiliary Employee Grant**. Each year the Samaritan Pacific Communities Hospital Auxiliary offers five grants up to \$200 to employees who are furthering their career in a 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

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



*Building healthier communities, together*

Dear Grant Applicant:

The Samaritan Pacific Communities Hospital Auxiliary of Newport awards five grants up to \$200 each to employees who are furthering their career in a medically related field. The money granted is to be used to defray tuition, fees and textbook expenses.

Guidelines for special funds requests:

- Seminars/conferences must be job-specific. No self-improvement or motivational workshops.
- Applicants must attach the registration form to the application.
- Grant requests are limited to a maximum amount of \$200 per employee per year.
- Applications must be submitted to Volunteer Services at least 30 days in advance of the seminar date.
- Seminar's must be approved by department manager.

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 Grant Request Form.
2. \_\_\_\_\_ One current reference on the form provided from someone outside your family. (former employers, or volunteer supervisors)
3. \_\_\_\_\_ Copy of registration form attached to application.
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



**SAMARITAN PACIFIC COMMUNITIES HOSPITAL AUXILIARY  
EMPLOYEE GRANT APPLICATION**

930 SW Abbey St  
Newport, OR 97365

**GRANT 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.** 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: _____<br>_____ |                      |                |                      |

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: \_\_\_\_\_