



Dear Scholarship Applicant:

Enclosed is the application form for the **2008 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



Samaritan
Pacific Health Services

Building healthier communities, together

930 SW Abbey P.O. Box 945 Newport, OR 97365 • (541) 265-2244

www.samhealth.org

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

**SAMARITAN PACIFIC COMMUNITIES HOSPITAL AUXILIARY
HEALTH CARE 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 you will attend (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:

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 31st for the first cycle & November 30th 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: _____

