

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

**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>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Volunteer Experience

_____	_____	_____
_____	_____	_____
_____	_____	_____

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

