

March 2, 2020

Dear Scholarship Applicant:

Enclosed is the application form for the **2020 Good Samaritan Regional Medical Center Auxiliary Virginia Welch Scholarship**. Each year the Good Samaritan Regional Medical Center Auxiliary awards scholarships to students who plan to pursue a career in a medically related field within a hospital setting. **In the evaluation process by the Scholarship Committee, consideration will be given to the following areas:**

- Quality of the application
- Quality of references
- GPA
- 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 **April 10, 2020**. Be sure that the references are enclosed with your application; they may be placed in a sealed envelope by the person who has written the reference for you.

If you have any questions, please contact Auxiliary Scholarship Chairperson, Joan Richter at 541-602-0442, or Luanne Barnes, Director of Volunteer Services at 541-768-5083.

Sincerely,

Joan Richter  
Chairperson, Scholarship Committee  
Good Samaritan Regional Medical Center Auxiliary

Luanne Barnes  
Director, Volunteer Services Department  
Good Samaritan Regional Medical Center

Dear Scholarship Applicant:

The Good Samaritan Regional Medical Center Auxiliary offers scholarships to students 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. Good Samaritan Regional Medical Center Virginia Welch Scholarship Form.
2. Your most current official high school or college 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; and any awards or honors.
4. Three current 2020 references on the forms provided from persons other than your family, preferably a school counselor or principal, teachers, employers, or volunteer supervisors.
5. Proper signatures are required where indicated.

Please mail the completed application, including all of the above-noted documents, to:

**Volunteer Services Department**

Good Samaritan Regional Medical Center  
3600 NW Samaritan Drive  
Corvallis, OR 97330

The completed application must be postmarked on or before the deadline of **April 10, 2020** to be considered by the committee.

Sincerely,

Joan Richter  
Chairperson, Scholarship Committee

Luanne Barnes  
Director, Volunteer Services Department

**GOOD SAMARITAN REGIONAL MEDICAL CENTER AUXILIARY  
VIRGINIA WELCH SCHOLARSHIP APPLICATION**

3600 NW SAMARITAN DRIVE  
CORVALLIS, OREGON 97330

Legal Name In Full \_\_\_\_\_

*First*

*Middle*

*Last*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Birthdate \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_

School Now Attending (Name/Address) \_\_\_\_\_

School Attending for coming year, if different (Name/Address) \_\_\_\_\_

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

If yes, please name: \_\_\_\_\_

What is your class status for the coming year? Freshman Sophomore Junior Senior Graduate Level

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>		
_____	_____	_____
_____	_____	_____
_____	_____	_____

**DEPENDENT STUDENTS FINANCIAL INFORMATION:**

*(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 \_\_\_\_\_  
Employer \_\_\_\_\_

Mother's Full Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Employer \_\_\_\_\_

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

Ages: \_\_\_\_\_

How many will be attending college this year? \_\_\_\_\_

Your  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_

**INDEPENDENT STUDENTS FINANCIAL INFORMATION:**

*(To be completed by those applicants who are totally independent or who are supported wholly or in part by the earnings of another in their independent household.)*

Number of Dependents \_\_\_\_\_ Ages of Dependents\_\_\_\_\_

Household Income/Earnings\_\_\_\_\_

Source \_\_\_\_\_

Source \_\_\_\_\_

Your Occupation \_\_\_\_\_

Employer \_\_\_\_\_

**OTHER FUNDING SOURCES:**

**Other scholarships/grants for which you have applied for the 2020-2021 school year:**

<u>Name</u>	<u>Amount</u>	<u>Granted (Y or N)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever received a Good Samaritan Regional Medical Center Auxiliary Virginia Welch Scholarship?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what year(s):\_\_\_\_\_

Please list any loans you have incurred for educational expenses, i.e., student loans:

<u>Lender</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____

**FINANCIAL DATA:**

**Projected Expenses For The 2020-2021 School Year:**

- \$ \_\_\_\_\_ Tuition
- \$ \_\_\_\_\_ Books and School Supplies
- \$ \_\_\_\_\_ Housing and Food (including rent or house payments, utilities, phone, household expenses)
- \$ \_\_\_\_\_ Transportation (including car payments, insurance, repair/gas estimates, commuting/bus costs)
- \$ \_\_\_\_\_ Medical/Dental Expenses not Covered by Insurance
- \$ \_\_\_\_\_ Day Care
- \$ \_\_\_\_\_ Miscellaneous (clothing, laundry, entertainment, personal supplies, etc.)
- \$ \_\_\_\_\_ **Total Expenses**

**Projected Funds Available:**

*(These are sources of funds available which you expect to receive towards your educational needs during the school year 2020-2021)*

- \$ \_\_\_\_\_ Household Income funds available to student
- \$ \_\_\_\_\_ Savings
- \$ \_\_\_\_\_ Parents (if applicable)
- \$ \_\_\_\_\_ GI or Social Security Benefits
- \$ \_\_\_\_\_ Public Assistance (ADC, Welfare)
- \$ \_\_\_\_\_ Financial Aid or Scholarships/Grants
- \$ \_\_\_\_\_ Other (please describe)\_\_\_\_\_
- \$ \_\_\_\_\_ **Total Income**

**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

**GOOD SAMARITAN REGIONAL MEDICAL CENTER AUXILIARY**  
3600 NW SAMARITAN DRIVE  
CORVALLIS, OR 97330

**VIRGINIA WELCH**  
**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 which 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 **April 10, 2020**. 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:

\_\_\_\_\_

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3600 NW SAMARITAN DRIVE  
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*(Do not use reverse side of paper; please use additional paper if needed.)*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Position:

\_\_\_\_\_  
Address:

\_\_\_\_\_

**GOOD SAMARITAN REGIONAL MEDICAL CENTER AUXILIARY**  
3600 NW SAMARITAN DRIVE  
CORVALLIS, OR 97330

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| _____                   |                      |                |                      |

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*(Do not use reverse side of paper; please use additional paper if needed.)*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Position:

\_\_\_\_\_  
Address:

\_\_\_\_\_