

## **VOLUNTEER SERVICES PROGRAM 2024**

## APPLICATION FOR NURSING & ALLIED HEALTH EDUCATION SCHOLARSHIP

Name:		
Address:		<del>-</del>
City, State, & Zip:		
Phone #:	Date of Birth:_	Email
Indicate if you are a	Current (or prospective) Co	ollege Student or High School Senior
·	Umatilla/Morrow County( r's license, school ID, utility bills,	(minimum 1 year required) please attach proof of etc.)
		ease attach a copy of your unofficial academic and contact information for the school.
-	y are you enrolled, or intending to py of the acceptance letter if app	o pursue? olicable)
	•	St. Anthony Volunteer Services?
Please attach a list o	f all previous community volunt	eer service and hours spent on each activity.
1) Why did you o 3) Describe a tin	choose a career in healthcare? 2	ges) answering the following questions:  ) How will you serve your community in this career?  omeone, and how you feel that experience will benefit
Applicant's Signature	<u> </u>	Date

Return your application packet  $\underline{no}$  later than May 5. Postmark does not count.

**Submit application to:** 

**Emily Smith, Volunteer Services** 

2801 St. Anthony Way, Pendleton, OR 97801

Or submit via email to: SAHScholarships@commonspirit.org

\*\*If you are submitting via email please include all pages as a single PDF document\*\*

(Points will be deducted if multiple files are submitted. Files can be merged for free at https://www.adobe.com/acrobat/online/merge-pdf.html)

Questions? Call 541-278-2627