

2801 St. Anthony Way  
Pendleton, OR 97801  
(541) 278-3236 – Phone  
(541) 278-3671 - Fax

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**MEDICAL STAFF  
HUMAN HEALTH SCIENCE SCHOLARSHIP  
APPLICATION**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

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

Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex \_\_\_\_\_ Place of Birth \_\_\_\_\_

High School Last Attended \_\_\_\_\_  
Name City State

Current Resident of What County \_\_\_\_\_

Scholarships Received \_\_\_\_\_  
Name Amount  
\_\_\_\_\_  
Name Amount  
\_\_\_\_\_  
Name Amount

Parent or Guardian \_\_\_\_\_

Number of Students in Senior Class \_\_\_\_\_ Your Rank in the Class \_\_\_\_\_

Date of High School Graduation \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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Activities

Honors & Awards

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Civic

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Note- Applications should include the following:

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Applicant's Signature	Date	Application Form Applicant's Statement High School Transcripts Supporting Documents Recent Photograph
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**Application must be received on or before April 15, 2020**