



VOLUNTEER SERVICES PROGRAM 2020

APPLICATION FOR NURSING & ALLIED HEALTH EDUCATION SCHOLARSHIP

Name: _____

Address: _____

City, State, & Zip: _____

Phone #: _____ Date of Birth: _____ Email _____

Indicate if you are a Current (or prospective) College Student or High School Senior

Years of residency in Umatilla/Morrow County ____ (minimum 1 year required) **please attach proof of residency.** (i.e. driver’s license, school ID, utility bills, etc.)

Cumulative GPA: ____ (must be 3.0 or above) Please attach a copy of your academic transcripts for any classes taken in the last 4 years and contact information for the school.

In what field of study are you enrolled and accepted? _____
(Please attach a copy of the acceptance letter)

Have you previously received a scholarship from the St. Anthony Volunteer Services? Yes No
o If yes, give year(s) and amount received: _____

Please list all previous community volunteer service: _____

Please submit a brief essay (no more than 3 pages) answering the following questions:
1) Why did you choose a career in healthcare? 2) How will you serve your community in this career?
3) Describe a time when you were able to help someone, and how you feel that experience will benefit your future career as a Healthcare Provider

Applicant’s Signature _____ Date _____

Return your application packet no later than April 15. Postmark does not count.

**Submit application to:
Emily Smith, Volunteer Services
2801 St. Anthony Way, Pendleton, OR 97801**

**Or submit via email to:
EmilySmith@chiwest.com
Questions? Call 541-278-2627**