



VOLUNTEER SERVICES PROGRAM 2023

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, or intending to pursue? _____
(Please attach a copy of the acceptance letter if applicable)

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

Please attach a list of all previous community volunteer service and hours spent on each activity.

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 May 1. 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

****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