



VOLUNTEER SERVICES PROGRAM Fall/Winter 2018

APPLICATION FOR NURSING & ALLIED HEALTH EDUCATION SCHOLARSHIP

Student scholarships will be considered for award by the St. Anthony Hospital Volunteer Services Program to eligible students who are enrolled in an accredited healthcare program for which they have been accepted.

Name: _____ Social Security #: _____

Address: _____

City, State, & Zip: _____

Phone #: _____ Date of Birth: _____ Email _____

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.)

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)

Financial Status:

• Are you receiving any other financial aid? (Please circle one) Yes No Unknown

If yes, please list type and amount expected _____

• Amount and type of scholarships: _____

Please submit a cover letter outlining your academic/professional goals and aspirations including (in 400 words or less):
1) Why you want to enter into your chosen healthcare field 2) How you feel this will benefit your community 3) How this scholarship will help you to attain your career goals

Please submit a copy of your financial aid award letter.

Please submit 3 letters of recommendation from people other than relatives. You may include teachers/professors, current healthcare professionals, other professionals, etc.

Applicant's Signature _____ Date _____

**Funding of the scholarship will be payable directly to the college or university on the student's behalf.

Return your application packet no later than March 31, 2018 to:

Larry Blanc, Volunteer Services
2801 St. Anthony Way, Pendleton, OR 97801

Questions? Call 541-966-0528

Internal Use Only
Date Funds Mailed To School

Amount of Funds
