

Salem Health Projects Committee Scholarship 2018 Application

Overview & Eligibility

The Salem Health Projects Committee (formally known as Salem Health Auxiliary) Scholarship Program assists members of our community (Mid-Willamette Valley) in attaining education for medical careers. Scholarships are given annually to Salem Health volunteers graduating from high school and undergraduates enrolled in medically-related programs. The monies awarded should be used to defray expenses, such as tuition, books, fees, and supplies for a medically related program, including prerequisite course work.

The Scholarship Committee reviews all applications without regard to race, color, religion, national origin, sex, age, political affiliation, marital status, mental or physical disability, or sexual orientation. Applicants are evaluated on the following:

- All required items in application packet
- Quality of application and reference letters
- Personal assessment essay of no more than one page, which should discuss:
 - Extracurricular activities
 - Volunteer Work/Paid employment
 - Choice of healthcare career plan
 - Applicants financial needs and plan to finance their education
- GPA
- ACT/SAT

Eligibility:

1. You **must** be a permanent resident in any one of Marion, Polk or Yamhill Counties or be a Salem Health employee, spouse, or child of a Salem Health employee, or be a high school volunteer at Salem Health at the Salem Campus.
2. You **must** be accepted or have applied to a medically-related program at an accredited institution of higher education with the expectation of acceptance.
3. You **must** be pursuing an undergraduate degree related to the medical field.
4. High school student volunteers must meet the above qualification and must be a current volunteer at Salem Health with a minimum of 60 hours before January 1, 2018.
5. The Salem Health Projects Committee is no longer offering scholarships to postgraduate students.* Postgraduate students are encouraged to apply for the Salem Health Foundation scholarship or call 503-814-1990.

Application packets are due April 2, 2018. See page 2 for submission details.

* For the purposes of the Salem Health Projects Committee activity, postgraduate means: pertaining to academic work following the award of a bachelor's degree from a college or university; this is, work leading to a master's or doctorate degree. A course of study following high school graduation is not postgraduate work; that is undergraduate work.

Application Instructions

Use this checklist to ensure you have a complete scholarship application packet.

A complete application packet must include:

- ☐ A complete typed and signed copy of the application (pages 3 & 4)
- ☐ A typed essay statement addressing the required topics (page 5)
- ☐ A signed and typed, completed financial disclosure statement (page 6)
- ☐ Two (2) reference letters, completed using the form provided (page 7)
 - ☐ Reference letters may be in separate, sealed envelopes, but **must** be enclosed within the application packet for the application to be considered complete.
- ☐ School transcripts:
 - ☐ High school seniors must provide a cumulative transcript of all completed high school coursework. Provide a transcript for any college coursework completed in high school. Unofficial transcripts are acceptable.
 - ☐ College students must provide a transcript for undergraduate work in the last 10 years that best supports your request for funding of your medically-related course of study. Unofficial transcripts are acceptable.
- ☐ High school students must enclose SAT or ACT test results.

Submission Instructions

1. Application packets must be postmarked or delivered by April 2, 2018.

Mail to: Salem Health
Volunteer Services
Projects Committee
PO Box 14001
Salem, OR 97309-5014

Hand deliver to: Salem Health
Volunteer Office
Salem Health/Building B
665 Winter Street SE
Salem, OR 97301

2. Be sure that all required items (listed above) are enclosed in your application packet. Be aware that hand-delivered application packets will not be accepted after April 2, 2018.
3. **Only complete application packets with all required items enclosed will be considered.**
4. Questions? Leave a message with your name and phone number at 503-814-1790 and specify that your call is regarding the Projects Committee Scholarship. A scholarship committee member will return your call to assist you.
5. All applicants will be notified of application status by the last week of May 2018.

Application

Application must be typed. Complete this page in full.

Applicants Legal Name:

Last First M. Initial

Current Address:

Street & Number City ST Zip

Permanent Mailing Address, if different than current address:

Street & Number City ST Zip

Home phone: (____)_____ Cell phone: (____)_____ Work phone: (____)_____

Email: _____

Have you previously been awarded a scholarship from Salem Health Auxiliary or Projects Committee?
Y ☐ N ☐

For which program are you applying for Scholarship funds? (check one)

☐ Imaging ☐ Pre-Pharmacy ☐ Pre-Therapy
☐ Nursing-BSN ☐ Pre-Med Studies ☐ Sports Medicine
☐ Nursing-RN Associate Degree ☐ Prerequisites for: _____ ☐ *Other: _____

*Please call 503-814-1790 before filling out an application to determine if your program is accepted by the Salem Health Projects Committee.

Are you currently enrolled in this program? Y ☐ N ☐

Have you been accepted into the program? Y ☐ N ☐
If not, acceptance is expected (mm/dd/yyyy): _____

School you currently attend (2018-2019): _____

School and **medically-related** program you plan to attend in 2018-2019: (Do not abbreviate)

School Name

Program

Financial Aid office address

How many credit hours are you currently enrolled for?

___ Full Time: _____ (number of hours) per: ___ Quarter ___ Semester ___ Year
___ Part Time: _____ (number of hours) per: ___ Quarter ___ Semester ___ Year
___ Unsure (entering as a freshman and have not yet enrolled)

Year of the program you will be entering:

☐ 1st yr ☐ 2nd yr ☐ 3rd yr ☐ 4th yr ☐ Other _____

How many more years to complete your course of study? _____

Are you a high school student, and a Salem Health Volunteer? ☐ Y ☐ N

If yes, please answer the following:

☐ Current Volunteer with Salem Health, Salem Campus with _____ hours in 2017-2018

☐ Past Volunteer

Are you an employee of Salem Health? ☐ Y ☐ N

If yes, please answer the following:

☐ Current employee

☐ Full Time ☐ Part Time ☐ U-Status

Job Title: _____ Hours worked per week: _____

Current Employer (If other than Salem Health): _____

EDUCATION SUMMARY

NAME OF SCHOOL	YEAR/S ATTENDED	CREDIT HOURS	DEGREE/ MAJOR	GRADUATION OR ANTICIPATED DATE	GPA
HIGH SCHOOL/GED					
COLLEGE					
COLLEGE					
TECHNICAL SCHOOL					

TO BE SIGNED BY ALL APPLICANTS:

I understand that I am obligated to return monies if I should change my course of study to something other than a medically-related field. Also, should I elect to terminate my schooling, or if I have not been admitted to a medically- related program, I will forfeit any monies awarded to me. If I enroll for less than full-time credit hours, award money will be prorated accordingly.

I understand that I must provide a copy of my letter of acceptance into a medically-related program to the Salem Health Volunteer Services office prior to June 29, 2018.

I understand that in order to receive any scholarship monies I may be awarded, I must provide in writing the name and address of the school I will be attending, my social security number, and my student ID number (if different from my social security number) to Salem Health Projects Committee by delivering this information to the Volunteer Services Department at Salem Health prior to June 29, 2018.

Applicant's Signature

Date

Essay Statement

Use the space provided to type an essay describing the following:

- Employment and extra-curricular activities, including community service, as they relate to your career goals
- Your career and education plans
- Your plans for financing your education, including scholarships, employment, etc.
- A personal assessment of your strengths and weaknesses
- Essay statements written on separate paper as an addition will not be accepted.

Applicant's Name: _____

Financial Disclosure Statement

Depending upon such variables as age, marital status and other circumstances, applicants may depend on family support for all or part of their education financing. If this description best fits your situation, please complete the following Dependent section and skip the Independent section

Dependent

Father's Full Name	Occupation	Employer
Mother's Full Name	Occupation	Employer
How many children (including applicant) are dependent upon your parents for support?		What are their ages?
Total Household Annual Income (Gross) \$	Amount of annual financial support parents are able to provide \$	

*If you are fully financially independent, please complete the Independent section below.
If you are fully financially independent, but also receive assistance from your parents, please complete the Independent section below and the Dependent section above.*

Independent

Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married		
If Married, Spouse's Full Name		
Spouse's Occupation		Spouse's Employer
Number of dependents		What are their ages?
Total Household Annual Income (Gross) \$	Will you be receiving other financial assistance for school? <input type="checkbox"/> No <input type="checkbox"/> Yes - if yes, please complete next section.	

All applicants must complete the Other Financial Assistance section below.

Other Financial Assistance

Please list all:	Organization Name	Amount of Support
Grants		\$
Scholarships		\$
Employer Tuition		\$
Other		\$

I certify that the information I have provided is true and correct. I will notify the Projects Committee if this information changes. I understand that the purpose of this scholarship is to defray the cost of tuition and books. I understand that I am under obligation to return the full amount of my scholarship if I change my course of study to something other than a medical or medically-related field. I understand that I am under obligation to notify the Projects Committee if my student status changes from that which is indicated on this application. I hereby authorize the release of this application and any relevant supporting information to persons involved in the selection and awarding of scholarship recipients.

Applicant's Signature _____ Date _____

Applicant Instructions:

- Include **TWO (2)** current reference letters written specifically for this scholarship application
- Reference letter must be from an employer, or an instructor in your field of study
- Reference letter must be legibly handwritten or typed using this form where possible. This form can be accessed online at:
www.salemhealth.org/about/community/hospital-scholarships-/salem-health-projects-committee-scholarship
- Reference forms must be completed by a non-family member

Name of Applicant: _____

Reference Instructions:

The above-named applicant has requested that you provide a reference for a scholarship application. The information you contribute is extremely important to the Scholarship Committee's decision-making. Use the check boxes and space below to provide the selection committee with evidence of this applicant's qualifications for this scholarship. Letters without commentary severely reduce the applicant's chances of receiving an award. Use the check boxes and space below to provide your perspective. Letters without commentary severely reduce the applicant's chances of receiving an award.

	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>	<u>N/A</u>
1. Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Work Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Social Interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Academic Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature: _____ Date: _____

Name (Please Print): _____