

2020 SCHOLARSHIP APPLICATION

The Salem Health and Salem Health West Valley Foundations, in partnership with the Salem Health Auxiliary Projects Committee, award scholarships to students pursuing careers in health care professions.

Please note this document represents the needs of Salem Health and West Valley Foundations, and Salem Health Auxiliary Projects Committee but will hereafter be referred to as one entity, "Salem Health Foundations" or "Foundations."

Scholarships awarded are for the 2020-2021 academic school year (Sept. 1 through June 30).

ELIGIBILITY:

- At the time of application, applicant must either **be accepted to or have applied to an accredited college or university**; and
- **Pursuing a degree in a health care field**; and
- **Meet at least one of the following criteria:**
 - Be a current Salem Health Employee.
 - Be an immediate family member of a current Salem Health Employee.
 - Be a current Salem Health Volunteer (with a minimum 60 volunteer hours).
 - Reside in Marion or Polk County.

SCHOLARSHIP RULES & TERMS OF USE:

- **All awarded scholarship amounts will only be used for student's tuition, fees and books.**
- Awarded amounts are paid directly and only to the accredited college or university where applicant is enrolled.
- All applicants must be enrolled at least part-time to qualify.
- Awarded amounts are subject to change, if there is a change in an applicant's original application.

SELECTION:

The Salem Health Foundation inform all scholarship selections. Only complete scholarship packet applications submitted via email will be considered (*see Scholarship Instructions on next page for details*).

Considerations include overall presentation of the application packet, letter of reference, academic performance, field of study, volunteer/extracurricular activities and financial need. Special considerations are made for applicants who are a current employee of Salem Health, or an immediate family member of a current employee at Salem Health, or volunteer of Salem Health.

SUBMISSION DEADLINE:

Completed Scholarship Packets are **due by midnight PST on Tuesday, March 31, 2020.**

All applicants will be notified of outcome by June 1, 2020.

2020 SCHOLARSHIP INSTRUCTIONS

1. Scholarship Packet Checklist – All items must be included

- Scholarship Application** - Fill out the attached Scholarship Application form.
 - All sections of the form must be completed – DO NOT leave any field blank. If the section does not apply, enter “N/A” in the field.
 - **No handwritten applications will be accepted.**
- Narrative essay** - A typed narrative essay not exceeding 500 words: *Why am I pursuing a career in the field of healthcare?*
 - Ideas: Share personal stories, academic achievements, community service activities, examples of leadership that make you deserving of a health care scholarship, etc.
- Resume** - A current resume, limited to one page.
- Academic transcripts** - A copy of your most recent high school or college **unofficial** academic transcripts.
 - High school students: Please provide transcripts of any college course work completed in addition to your high school transcripts and ACT/SAT scores.
- Reference Letter** (*see below for details*)

2. Reference letter

One current, signed letter of reference from an employer, teacher or a professor in your major field, preferably on letterhead.

- Your reference may email the letter to foundation@salemhealth.org or your reference may mail the letter directly (**postmarked no later than March 31, 2020**):

Salem Health Foundation
Attn: Scholarship Selection
P.O. Box 14001
Salem, OR 97309-5014

Note: This is the only part of the application allowed to be mailed in and/or submitted separately from the emailed Scholarship Packet.

3. File type requirement – PDF only

All items listed in the Scholarship Packet checklist, as outlined above, must be combined and submitted as **one PDF file**. No other document file types will be accepted due to formatting variances.

- Label the PDF file with your information/name as follows: “Last Name, First Name”
 - Tip: You can scan printed documents at stores like Staples, FedEx Kinkos, UPS store, etc.

4. Submit Scholarship Packet via Email

Submission Deadline: Completed Scholarship Packets are due by midnight PST on Tuesday, March 31, 2020 via email as one PDF file at: foundation@salemhealth.org

- **No printed Scholarship Packets will be accepted in person.**
- **Reference letters are the only portion of the Scholarship Packet that may be mailed, but must be postmarked no later than March 31, 2020.**

Only complete, timely, emailed scholarship packets are eligible for consideration.

APPLICANT INFORMATION

Last name:		First name:	Middle initial:	
Current mailing address:		City:	State:	Zip:
E-mail address:		Message phone:		
Have you received a past Salem Health Foundations Scholarship? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered "Yes", and received a Foundations scholarship under a different name, please list your former name here: _____				
Will Salem Health be a part of your future career plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		How did you learn about our scholarship? _____ _____		
If you answered "No", is working in either Marion or Polk county part of your career plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

ELIGIBILITY INFORMATION

Please indicate your intended degree and health care field of study, once your education is complete:
(i.e. Bachelor's degree in Nursing OR Master's degree in Business Administration, etc.)

Intended Degree: _____
Intended health care field of study: _____

I am a:

- Current employee of Salem Health
 - Salem Health West Valley SHMG; Location: _____
 - What Department do you work in: _____
 - What is your current job title: _____
 - What is your employment status (i.e. full time, part-time, etc.): _____
- Immediate family member of a current Salem Health employee
 - Relationship to employee: _____
 - Employee's name: _____
 - Salem Health West Valley SHMG; Location: _____
- Current volunteer of Salem Health
 - How many volunteer hours did you serve in 2019: _____
- Current resident of Marion County
 - Current employer: _____
 - Job title: _____
 - Average hours worked, per week: _____
- Current resident of Polk County
 - Current employer: _____
 - Job title: _____
 - Average hours worked, per week: _____

DEGREE INFORMATION

What degree program are you enrolling in?

Undergraduate degree program:

- 2-year Associate's degree
 What year will you be entering into for academic year 2020-2021? : _____
 (i.e. First year of a 2-year program OR Second year of a 2-year program)
- 4-year Bachelor's degree
 What year will you be entering into for academic year 2020-2021? : _____
 (i.e. First year of a 4-year program OR Second year of a 4-year program)

Graduate/postgraduate degree:

- Master's degree Doctoral degree Postdoctoral degree

Please specify degree type: _____

CURRENT EDUCATION SUMMARY

Name of school	Dates attended	Please indicate if a High School diploma or degree was obtained. If none, leave blank.	GPA

SCHOOL INFORMATION

School you plan to attend for academic year 2020-2021: _____

Please mark, which terms you plan to attend for academic year 2020-2021 and the number of anticipated credit hours, per term, you plan to enroll in:

- Fall Credit Hours: _____
 Winter Credit Hours: _____
 Spring Credit Hours: _____
 Summer Credit Hours: _____

Anticipated graduation date:
(Month/Year)

FINANCIAL INFORMATION

Can anyone claim you as a dependent on their taxes? Yes No

(If you marked "Yes" above, please complete "Dependent information" section. If you marked "No" above, please complete "Independent information" section.)

Dependent information:

Do your parents claim you as a dependent? Yes No

How many children are dependent upon your parents' support? : _____

Total household annual income (Gross): \$ _____

Amount of annual financial support parents are able to provide to you: \$ _____

Independent information:

Number of dependents reliant on you: _____

Total household annual income (Gross): \$ _____

FINANCIAL ASSISTANCE

Will you receive other financial assistance for school? Yes No

Have you or do you plan on applying for any other financial assistance for school? Yes No

Please list all:	Organization name	Amount of support
Grants (if applying for multiple, list all)		\$ _____
Scholarships (if applying for multiple, list all)		\$ _____
Employer tuition reimbursement		\$ _____

Have you or do you plan on receiving for the Oregon Promise for the upcoming academic year? Yes No

EDUCATIONAL EXPENSES – Academic year (Sept. 2020 through June 2021)

Tuition & Fees: \$ _____	Books: \$ _____	Total: \$ _____
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AGREEMENT

Initial next to each statement below to indicate your agreement.

_____ My application is complete.

_____ I understand that if any of the information on this scholarship application changes, or my student status changes, I will notify the Salem Health Foundation.

_____ I understand that any changes to my scholarship application may result in a change, to any awarded scholarship amount.

_____ I understand that the purpose of this scholarship is only to be used to help offset the cost of tuition, fees, and book expenses incurred in the 2020-2021 academic year.

_____ I authorize the release of this application and any relevant supporting information to persons involved in the selection and awarding of scholarships.

_____ I authorize the use of my scholarship application packet, including but not limited to my essay, to be used for promotional material.

By signing below, I certify that the information I have provided in this application is true and correct. Furthermore, I acknowledge that I have read, understand, and agree to the scholarship terms of use and scholarship rules.

Applicant signature _____ **Date** _____