



HEALTHCARE SCHOLARSHIP APPLICATION - 2021

OPEN TO GRANT COUNTY HIGH SCHOOL GRADUATING SENIORS

APPLICATION MUST BE SUBMITTED BY FRIDAY, MAY 15TH, 2021

SUBMIT TO:
BLUE MOUNTAIN HOSPITAL DISTRICT SCHOLARSHIP COMMITTEE
ATTENTION: HUMAN RESOURCES DEPT.
170 FORD ROAD
JOHN DAY, OREGON 97845

APPLICANT PERSONAL INFORMATION			SUBMISSION DATE:	/	/
NAME:			DATE OF BIRTH:	/	/
ADDRESS:	Street:		City:		
	Mailing:		State:	Zip:	
PHONE:	() -		EMAIL:		
PARENT(S) OR LEGAL GUARDIAN(S) CONTACT INFORMATION:					
NAME:			NAME:		
ADDRESS:	Street/Mailing:		ADDRESS:	Street/Mailing:	
	City:		(IF DIFFERENT)	City:	
	State:	Zip:		State:	Zip:
PHONE:	() -		PHONE:	() -	
HIGH SCHOOL INFORMATION					
NAME:			GRADUATION DATE:	/	/
GRADE POINT AVERAGE (GPA):			COLLEGE CREDITS OBTAINED:		
LIST ALL ACADEMIC HONORS, AWARDS, AND MEMBERSHIP ACTIVITIES BELOW:					
LIST YOUR COMMUNITY SERVICE & EXTRACURRICULAR ACTIVITIES AS WELL AS ANY HOBBIES/INTERESTS:					



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HAVE YOU DONE A JOB SHADOW AT OUR HOSPITAL?		IF SO, WHO / DEPT?	
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COLLEGE | UNIVERSITY INFORMATION

NAME:		SEEKING DEGREE IN:	
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STATE:	OUT-OF-STATE TUITION FEE APPLIED TO COST?		IF YES, AMOUNT: \$ _____
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DO YOU PLAN TO WORK WHILE GOING TO SCHOOL?		EMPLOYMENT:
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FINANCIAL COST BREAKDOWN:

<u>RECEIPTS</u>	<u>EXPENSES</u>
SAVINGS: \$ _____	TUITION AND FEES: \$ _____
WAGES DURING SCHOOL YEAR: \$ _____	BOARD: \$ _____
OTHER SCHOLARSHIPS: \$ _____	BOOKS / MATERIALS / EQUIPMENT: \$ _____
ADVANCES FROM OTHER SOURCES: \$ _____	CLOTHING / UNIFORMS: \$ _____
LOANS: \$ _____	TRANSPORTATION / INCIDENTALS: \$ _____
TOTAL: \$ _____	TOTAL: \$ _____

ADDITIONAL SAVINGS OR EXPENSES NEEDING EXPLAINED:

ATTACH THE LISTED REQUIRED DOCUMENTATION TO THIS APPLICATION

The following items must be attached to this application in order for the application to qualify for review by the Scholarship Committee.



- 1) APPLICATION COVER LETTER STATING YOUR INTENT TO APPLY AS WELL AS OUTLINING YOUR CAREER GOALS
(1 PAGE MAXIMUM)
- 2) COMPLETED AND SIGNED APPLICATION
(THIS DOCUMENT)
- 3) COPY OF YOUR MOST RECENT TRANSCRIPTS PROVING YOUR GPA
(YOU MAY INCLUDE A TRANSCRIPT OF ANY COLLEGE CREDITS OBTAINED AS WELL)
- 4) TWO (2) CHARACTER REFERENCES & REFERENCE CONTACT INFORMATION
(REFERENCE NAME, PHONE, & EMAIL)
- 5) VERIFICATION OF YOUR APPLICATION AND/OR RECEIPT OF FAFSA
- 6) PERSONAL ESSAY (600 WORDS MAX):
 - HOW HAS SERVICE TO OTHERS MADE A MEANINGFUL IMPACT ON YOUR CHOICE OF STUDY IN HEALTHCARE?

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge.

I also consent that my picture may be taken and used for any purpose deemed necessary to promote this scholarship program.

I hereby understand that if chosen as a scholarship winner, according to the Blue Mountain Hospital District Healthcare Scholarship Fund Policy, I must provide evidence of enrollment/registration at an accredited, post-secondary institution before my scholarship funds can be awarded to that institution.

I understand that my application must be complete in its entirety in order for it to be considered by the Scholarship Committee for a Healthcare Scholarship award.

Signature of Applicant:

_____/_____/_____
Date:



APPLICATION SUBMISSION CONTACTS:

**Human Resources Department
Located at Blue Mountain Hospital - Business Office
170 Ford Road, John Day, OR 97845**

**Var Rigby, HR Director: (541) 575-4192 | vrigby@bluemountainhospital.org
Shae Voigt, HR Coordinator: (541) 575-3820 | svoigt@bluemountainhospital.org**

THANK YOU FOR APPLYING!