170 FORD ROAD, JOHN DAY, OREGON 97845



HEALTHCARE SCHOLARSHIP APPLICATION - 2022

OPEN TO GRANT COUNTY HIGH SCHOOL GRADUATING SENIORS

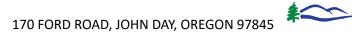
APPLICATION MUST BE SUBMITTED BY FRIDAY, MAY 13TH, 2022

SUBMIT TO:

BLUE MOUNTAIN HOSPITAL DISTRICT SCHOLARHIP 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:				
7122112331	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:								

BLUE MOUNTAIN HOSPITAL DISTRICT **HEALTHCARE SCHOLARSHIP**





HAVE YOU DONE A JOB SHADOW AT OUR HOSPITAL? IF SO, WHO / DEPT? COLLEGE UNIVERSITY INFORMATION									
•			ING DE	GREE IN:					
STATE:		OUT-OF-STATE TUITION FEE	APPL	IED TO	COST?		IF YES, AMOUNT: \$		
DO YOU P	DO YOU PLAN TO WORK WHILE GOING TO SCHOOL?				EMPLOYM	ENT:			
FINANCIAL COST BREAKDOWN:									
<u>RECEIPTS</u>				<u>EXPENSES</u>					
SAVINGS: \$			<u> -</u>	TUITION AND FEES: \$					
WAGES DURING SCHOOL YEAR: \$			<u>.</u>	BOARD: \$					
OTHER SCHOLARSHIPS: \$				BOOKS / MATERIALS / EQUIPMENT: \$			÷		
ADVANCES FROM OTHER SOURCES: \$			<u>.</u>	CLOTHING / UNIFORMS: \$					
LOANS: \$			<u> </u>	TRANSPORTATION / INCIDENTALS: \$					
TOTAL: \$			<u>.</u>	TOTAL: \$			•		
ADDITIO	NAL SAV	INGS OR EXPENSES NEEDING	G EXPI	AINED):				
ATTACH	THE LIS	STED REQUIRED DOCUM	1ENT/	ATION	TO THIS	APPLIC	CATION		
The followin	a items mu	st he attached to this application in or	der for t	he annlic	ration to qualify	, for revie	w by the Scholarshin Committee		

BLUE MOUNTAIN HOSPITAL DISTRICT HEALTHCARE SCHOLARSHIP

170 FORD ROAD, JOHN DAY, OREGON 97845



- 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:

170 FORD ROAD, JOHN DAY, OREGON 97845



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 | <u>vrigby@bluemountainhospital.org</u>
Holly Thompson, HR Generalist: (541) 575-3820 | <u>hthompson@bluemountainhospital.org</u>

THANK YOU FOR APPLYING!