# BLUE MOUNTAIN HOSPITAL DISTRICT HEALTHCARE SCHOLARSHIP 170 FORD ROAD, JOHN DAY, OREGON 97845



## **HEALTHCARE SCHOLARSHIP APPLICATION - 2023**

### OPEN TO GRANT COUNTY HIGH SCHOOL GRADUATING SENIORS

APPLICATION MUST BE SUBMITTED BY FRIDAY, MAY  $19^{TH}$ , 2023

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:	ORESS: Street:		City:						
	Mailing:		State: Zip:						
PHONE:	( ) - EMAIL:								
PARENT(S)	OR LEGAL GUARDIAN(S) CON	TACT INFOR	MATION	۱:					
NAME:			NAME:						
ADDRESS:	Street/Mailing:		ADDRESS:		Street/Mailing:				
	City:		(IF DIFFERENT)		City:				
	State: Zip:				State: Zip:				
PHONE:	( ) -		PHONE: ( ) -			-			
HIGH SCHO	OOL INFORMATION								
NAME:	GRADUATION DATE: / /								
GRADE POINT AVERAGE (GPA):				COLLEGE CREDITS OBTAINED:					
LIST ALL ACAD	DEMIC HONORS, AWARDS, AND MEME	BERSHIP ACTIVI	TIES BELO	W:					
LIST YOUR CO	MMUNITY SERVICE & EXTRACURRICUI	LAR ACTIVITIES	AS WELL	AS ANY	HOBBIES/INT	ERESTS:			

## BLUE MOUNTAIN HOSPITAL DISTRICT HEALTHCARE SCHOLARSHIP





HAVE YOU DONE A JOB SHADOW AT OUR HOSPITAL?				IF SO, WHO / DEPT?			
COLLEGE   UNIVERSITY INFORMATION							
NAME:			SEEK	ing dec	REE IN:		
STATE:		OUT-OF-STATE TUITION FEE AP	PLIED	TO COS	T?		IF YES, AMOUNT: \$
DO YOU PLAN TO WORK WHILE GOING TO SCHOOL?				EMPLOYMENT:			
		FINAN	CIAL C	OST BRE	AKDOWN:		
		<u>RECEIPTS</u>					<u>EXPENSES</u>
		SAVINGS: \$_					TUITION AND FEES: \$
	W	/AGES DURING SCHOOL YEAR: \$_					BOARD: \$
		OTHER SCHOLARSHIPS: \$_			BOOKS	/ MAT	ERIALS / EQUIPMENT: \$
	ADVA	NCES FROM OTHER SOURCES: \$_				CL	OTHING / UNIFORMS: \$
		LOANS: \$_			TRAN	SPORTA	ATION / INCIDENTALS: \$
		TOTAL: \$_					<b>TOTAL</b> : \$
ADDITION	ΔΙ ςΔ\/ΙΙ	VGS OR EXPENSES NEEDING EXPL	AINF	)•			

### 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?

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STATEMENT OF ACCURACY	
I hereby affirm that all the above stated information provided by me is tru knowledge.	ue and correct to the best of my
I also consent that my picture may be taken and used for any purpose dee scholarship program.	emed necessary to promote this
I hereby understand that if chosen as a scholarship winner, according to the Healthcare Scholarship Fund Policy, I must provide evidence of enrollment/secondary institution before my scholarship funds can be award	registration at an accredited, post-
I understand that my application must be complete in its enti by the Scholarship Committee for a Healthcare	•
Signature of Applicant:	// Date:

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## **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!