



## HEALTHCARE SCHOLARSHIP APPLICATION - 2024

OPEN TO GRANT COUNTY HIGH SCHOOL GRADUATING SENIORS

APPLICATION MUST BE SUBMITTED BY FRIDAY, MAY 17<sup>TH</sup>, 2024

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

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

BLUE MOUNTAIN HOSPITAL DISTRICT  
HEALTHCARE SCHOLARSHIP

170 FORD ROAD, JOHN DAY, OREGON 97845



HAVE YOU DONE A JOB SHADOW AT OUR HOSPITAL?		IF SO, WHO / DEPT?	
<b>COLLEGE   UNIVERSITY INFORMATION</b>			
NAME:		SEEKING DEGREE IN:	
STATE:	OUT-OF-STATE TUITION FEE APPLIED TO COST?	IF YES, AMOUNT: \$	.
DO YOU PLAN TO WORK WHILE GOING TO SCHOOL?		EMPLOYMENT:	
<b>FINANCIAL COST BREAKDOWN:</b>			
<b><u>RECEIPTS</u></b>		<b><u>EXPENSES</u></b>	
SAVINGS: \$		TUITION AND FEES: \$	
WAGES DURING SCHOOL YEAR: \$		BOARD: \$	
OTHER SCHOLARSHIPS: \$		BOOKS / MATERIALS / EQUIPMENT: \$	
ADVANCES FROM OTHER SOURCES: \$		CLOTHING / UNIFORMS: \$	
LOANS: \$		TRANSPORTATION / INCIDENTALS: \$	
<b>TOTAL: \$</b>		<b>TOTAL: \$</b>	
<b>ADDITIONAL SAVINGS OR EXPENSES NEEDING EXPLAINED:</b>			
<b>ATTACH THE LISTED REQUIRED DOCUMENTATION TO THIS APPLICATION</b>			
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**

**Maisie Taylor, HR Director: (541) 575-4192 | [mtaylor@bluemountainhospital.org](mailto:mtaylor@bluemountainhospital.org)  
Holly Thompson, HR Generalist: (541) 575-3820 | [hthompson@bluemountainhospital.org](mailto:hthompson@bluemountainhospital.org)**

**THANK YOU FOR APPLYING!**