



## HEALTHCARE SCHOLARSHIP APPLICATION - 2026

OPEN TO GRANT COUNTY HIGH SCHOOL GRADUATING SENIORS  
 APPLICATION MUST BE SUBMITTED BY **FRIDAY, MAY 15TH, 2026**

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

<b>APPLICANT PERSONAL INFORMATION</b>			<b>SUBMISSION DATE:</b>	/ /
<b>NAME:</b>			<b>DATE OF BIRTH:</b>	/ /
<b>ADDRESS:</b>	Street: Mailing:	City: State: Zip:		
<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>	Street/Mailing: City: State: Zip:	<b>ADDRESS:</b> (IF DIFFERENT)	Street/Mailing: City: State: Zip:	
<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>				



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

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:	

**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: \$ _____
<b>TOTAL: \$ _____</b>	<b>TOTAL: \$ _____</b>

**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 affirm that all the above-stated information I provided is true and correct to the best of my knowledge.

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

I 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 order for the Scholarship Committee to consider it for a Healthcare Scholarship award.

\_\_\_\_\_  
Signature of Applicant:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date:

## APPLICATION SUBMISSION CONTACTS:

Human Resources Department  
Located at Blue Mountain Hospital - Administrative Office  
170 Ford Road, John Day, OR 97845  
Email: [scholarship@bluemountainhospital.org](mailto:scholarship@bluemountainhospital.org)  
541.575.4192

**THANK YOU FOR APPLYING!**