

2009 HEALTH CAREER SCHOLARSHIP APPLICATION

Applicant Instructions:

Please note: For consideration, your scholarship request must be related to a career or academic major in the health care field.

1. Complete all sections of the attached application form and return to the following address:

SWMC Scholarship Committee
c/o Southwest Foundation
PO Box 1600
Vancouver, WA 98668

2. **The following information must accompany the application form:**
 - A. Most recent official transcript(s).
 - B. Two current letters of recommendation from former employers, teachers, etc., dated within the past 12 months on business letterhead. Please include phone numbers. (No relatives please.)
 - C. Office of Admissions Acceptance Letter to designated college.
 - D. Personal Essay (see section 10).

3. To be eligible for consideration, the fully completed application and all attachments **must be postmarked by Wednesday, April 8, 2009**. Applications will not be accepted after this date. Please carefully review your application packet before submission. ***Incomplete applications will be rejected and not allowed to resubmit during this application period.***

4. Applicants awarded health career scholarships must meet the following requirements:
 - A. Maintain a minimum 2.5 GPA (3.0 GPA for graduate students) as a part-time or full-time student.
 - B. Provide the SWMC Scholarship Committee with a completed application, including all required documents as listed in section #2 above.
 - C. Award winners will be invited to attend the May 14th, 2009, Scholarship Awards Program at Southwest Washington Medical Center.

Written notification will be sent by May 1st to those being awarded scholarships.

Scholarships may be renewable pending reapplication and approval each year.

Southwest Washington Medical Center
 2009 Health Career Scholarship Application

(All applicable blanks must be complete to be qualified)

Please check all that apply:

- Adult Applicant
 SWMC Volunteer
 SWMC Junior Volunteer
 High School Student
 SWMC Employee
 Previous SWMC Scholarship Recipient
 Year: _____ Amount: \$ _____

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|-------------------------|--|---------------|------------|--------|------|
| Date: | | | | | |
| First name: | | MI: | Last Name: | | |
| Address: | | | City: | State: | Zip: |
| Daytime Phone: () | | Student ID #: | | | |
| Alternate Phone: () | | | | | |

To be eligible for consideration, the fully completed application and all attachments must be postmarked by April 8, 2009. Applications will not be accepted after this date. ***Incomplete applications will be rejected and not allowed to resubmit this year.***

The following information must accompany the application form:

- Most recent official transcript(s).
- Two current letters of recommendation from former employers, teachers, etc., dated within the past 12 months on business letterhead. Please include phone numbers. (No relatives please.)
- Office of Admissions Acceptance Letter to designated college.
- Personal Essay (see section 10).

EQUAL OPPORTUNITY STATEMENT

We do not discriminate against any applicant because of race,
 color, sex, nationality, age, religion, or disability.
 All information submitted within this application
 will be held in the strictest confidence by the Selection Committee.

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(All applicable blanks must be complete to be qualified)

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|------------|---|------|-------|
| 1. | Are you currently enrolled in high school, college, or university? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| | Name of Education Institution | | |
| | Address | | |
| | | City | State |
| | Most Current Enrollment Date: | | |
| | Numbers of quarters, semesters, or credits completed: | | |
| | Please attach most recent official transcript. | | |
| 2. | Cumulative Grade Point Average: _____ (attach official transcript) | | |
| 3. | If applicable, have you attended a Medical Magnet or Skills Center? Yes <input type="checkbox"/> No <input type="checkbox"/> (identify location or program) | | |
| 4. | At what college, school or university will you be using this scholarship? | | |
| | Name of College, School or University | | |
| | Address | | |
| | | City | State |
| | Attach a copy of your Letter of Acceptance, or authorized document showing intent to continue studies at said institution. Full name of school and mailing address must accompany application. | | |
| 5. | In what health care career do you plan to major? | | |
| 6a. | Are you a dependent? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| | Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/> Average Income: \$_____ per month | | |
| | Name of employer: | | |
| 6b. | Do you have a parent currently employed at Southwest Washington Medical Center? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, their name: _____ | | |
| | Department: _____ | | |

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|------------|---|
| 6c. | Describe family and financial status affecting your scholarship needs (i.e. number of dependents living at home, other dependents in college or private school, childcare expenses, illness in family, etc.). Attach additional sheet if needed. |
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| 6d. | Annual Household Income: \$ _____ per year. Gross (pre-tax) income from all wage earners in the household over 18 years of age, including your own. |
| 7. | Have you been granted & will you receive other sources of funding? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 8. | Title of funding and amount granted: |
| | Please itemize educational expenses for the coming year |
| | Tuition: \$ |
| | Books, Supplies \$ |
| | Lab Fees, Uniforms: \$ |
| | Total: \$ |
| 9. | Have you volunteered in a health-related agency or project? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | If yes, state where and when, and briefly describe your responsibilities: |
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| | |
| 10. | On a separate sheet of paper, describe your long term personal and academic goals, and state how you will benefit the health care community of Clark County. Describe strengths you possess that will contribute to the health care field. You will be evaluated on your leadership skills, community involvement, extracurricular activities, and financial need. Include any other information you think will assist the Committee in giving your application special consideration. Your paper should be approximately 300-500 typed words, double spaced. |

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| I certify that to the best of my knowledge the information contained in this application is factual and true. I authorize the Scholarship Committee to verify the information given. | |
| Signature of applicant | Date |

**SCHOLARSHIP APPLICATIONS MUST BE POSTMARKED OR DELIVERED
NO LATER THAN APRIL 8, 2009.**

SWMC Scholarship Committee
c/o Southwest Foundation
PO Box 1600
Vancouver, WA 98668