

2010 HEALTH CAREER SCHOLARSHIP APPLICATION

Applicant Instructions:

For consideration, your scholarship request must be related to a career of health care professionals employed at Southwest Washington Medical Center.

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) in sealed envelope from the educational institution. Printing online transcripts is not acceptable.
 - B. Two current letters of recommendation on business letterhead from former employers, teachers, etc., dated within the past 6 months. Please include phone numbers and email addresses. (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 7, 2010**. Documents will not be accepted after this date. Please carefully review your application packet before submission. If parts of the application are missing, such as a letter of recommendation or an official transcript, the application will be considered incomplete. ***Incomplete applications will be ineligible for consideration by the Scholarship Committee.***
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. High school applicants must be graduating seniors and/or GED recipients.

Written notification will be sent by May 1st to those being awarded scholarships. Scholarship money is awarded for tuition and books, not room and board expenses.

Southwest Washington Medical Center
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(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: \$ _____

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

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- 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)

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 in sealed envelope from the educational institution. Printing online transcripts is not acceptable.		
2.	Cumulative Grade Point Average:		
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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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 7, 2010.**

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