



**SALEM HEALTH
WEST VALLEY**
An OHSU Partner

**Salem Health West Valley
SCHOLARSHIP APPLICATION**
Deadline: April 30, 2017

PLEASE PRINT OR TYPE:

1. Legal name in full: _____ Age: _____
Last First Middle

2. Home Address: _____

Phone: _____

3. School now attending: _____ GPA: _____

4. In completing the budget information below, you will need to indicate all income and expenses for the nine (9) month academic year. Also, indicate savings on hand and available for next year and estimated savings from summer income.

INCOME:	EXPENSES:
From Parents:	Tuition and Fees:
From Relatives:	Books and Supplies:
Est. savings from summer earnings:	Room and Board: (on campus)
Est. earnings from summer work:	Rent and utilities: (off campus)
Savings now on hand:	Personal expenses:
Outside scholarships:	Food and supplies: (off campus)
Total Income:	Total Expenses:
Do you own a car:	

5. In what medical field is your interest? _____

6. What is the name, address and phone number of the school you plan to attend?

7. Have you been accepted by this school? YES No

8. Date of Registration? _____

9. How many years are required to complete your course of study? _____

10. For what other scholarships have you applied?

Name:	Amount:	Granted?:

11. Do you have outstanding loans or financial obligations?

Loaner:	Amount:	Due Date:

12. Salem Health or Salem Health West Valley hospital relationship:

Are you or a family member Current employee Volunteer

Name/Relationship: _____

Position/Dept: _____

The completed application packet is to be sent to:

Salem Health West Valley Volunteer Services
Attn: Jennifer Best, Volunteer Services Coordinator
PO Box 378
Dallas, OR 97338

Deadline for scholarship packet is: April 30, 2017

The packet should include the following:

1. Your high school academic transcript.
2. Your completed application
3. A short resume which describes your academic interests and performance, extra curricular activities, job experience, and a paragraph of your career goals.
4. References: One from your school counselor or principal
 One from a teacher or employer (not family members)

"I understand that I am under obligation to return any unused portion of this scholarship if I should change my courses to something other than medically related field. Also, should I elect not to continue my education at this time and terminate my schooling, I forfeit any unused portion of the scholarship.

When my choice of college has been finalized, I will notify the Salem Health West Valley Volunteer Services Coordinator. Salem Health Wet Valley will send the scholarship funds to the institution of my choice – to the attention of the Financial Aids Office of that institution."

SIGNED: _____

Date: _____