

SALEM HOSPITAL AUXILIARY SCHOLARSHIP PROGRAM
2010-2011 APPLICATION PROCESS
Page A

The Salem Hospital Auxiliary Scholarship Program has been established to assist members of our community (mid-Willamette Valley) in attaining education for medical careers. Scholarships are given annually to Salem Hospital volunteers graduating from high school, undergraduates enrolled in medically related programs, and graduate students in the medical field.

The Scholarship Committee reviews all applications without regard to race, color, religion, national origin, sex, political affiliation, age, marital status, mental or physical disability, or sexual orientation. During the review process special attention is paid to the following areas:

- All required items included
- Quality of application and references
- Personal assessment essay
 - extra-curricular activities
 - volunteer work/ paid employment
 - realistic choice of health care career plan
 - financial plan
- GPA (including SAT/ACT for High School graduating seniors)

Eligibility:

1. You **must** have a permanent residence address in the Salem Hospital area
2. You **must** be accepted to **or** have applied (with the expectation of acceptance) to a medically related program at an accredited institution of higher education **OR**
3. Student Volunteers applying as volunteers **must** be a current volunteer at the Salem Hospital with a minimum of 40 hours after January 1, 2009.

Application packets must be postmarked by March 31, 2010

Mail to: Salem Hospital Auxiliary
PO Box 14001
Salem, OR 97309-5014

Hand deliver to: Salem Hospital Auxiliary
Volunteer Office
Salem Hospital
665 Winter Street SE
Salem, OR 97301

Please be sure that all required items (e.g. transcript(s), references) are enclosed in your application packet. Be aware that hand-delivered application packets will not be accepted after **MARCH 31, 2010**.

ONLY COMPLETE APPLICATION PACKETS WILL BE CONSIDERED.

Questions? Telephone: 503-561-4555 Auxiliary Message Phone

Following pages include instructions, application, and reference forms for the *Salem Hospital Auxiliary Scholarship Program*.

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2010-2011 APPLICATION PACKET
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The Salem Hospital Auxiliary offers scholarships to men and women, from the Salem Hospital area, pursuing a career in health care. The monies awarded should be used to defray expenses, such as tuition, books, fees and supplies for a medically related program.

To be eligible for this scholarship, you **MUST** meet the eligibility requirements listed on page A.

Application packets must include the following:

SALEM HOSPITAL AUXILIARY SCHOLARSHIP APPLICATION, pages 1, 2, & 3:

Application and reference forms should be computer generated or typed (**12 font**)

- Page 1, 2: Completed in full
- Page 3: Essay Statement. This page should include the following information:
 - Describe employment and/or extra-curricular/community service activities, which relate to your proposed health career
 - Describe your career plans
 - Describe your plans to finance your education (e.g. scholarships, employment etc.)
 - Personal assessment of your strengths and weaknesses
- 2010 Scholarship Reference Forms:
 - **TWO CURRENT (2010) REFERENCES** written specifically for this application are required
 - References **must** be from an employer or a professor in your major field
 - References **must** be typed on the forms provided
 - CEP/Student Volunteers/Volunteers: One reference **must** be from the supervisor of your volunteer assignment at the hospital.
- Most recent official high school or college academic transcript. A photocopy is acceptable. CEP/Student Volunteers should also include SAT/ACT results.

ONLY COMPLETE APPLICATION PACKETS WILL BE CONSIDERED.

INSTRUCTIONS:

- Application is an interactive PDF document.
- Document can be saved for additional editing and printing.
- Keep answers limited to space provided.
- Reference forms must be computer generated or typed. Individual can access this document on the web at: <http://www.salemhospital.org/volunteers/refform>
- Once completed, print document single-sided on plain white paper.
- Original signature and date required on page 2.
- Send **complete** application packet (e.g. application (page 1, 2), essay statement (page 3), two reference forms (completed as stated above), and transcripts) to Salem Hospital **no later than March 31, 2010.** See delivery options on page A.

If you encounter problems with the application document, please contact Auxiliary at (503) 561 - 4555:

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Page 2

Current or past Salem Hospital volunteer:

Current Volunteer: 2009- 2010 Hours_____ Past Volunteer N/A

Are you an employee of Salem Hospital?

Current Employee Past Employee N/A
 Full Time Part Time U-Status

Job Title _____ Hours worked per week_____

Current Employer (if other than Salem Hospital): _____

EDUCATION SUMMARY

NAME OF SCHOOL(S)	#YEAR(S) ATTENDED	CREDIT HOURS	DEGREE/ MAJOR	GRADUATION OR ANTICIPATED DATE	GPA
HIGH SCHOOL/GED					
COLLEGE					
COLLEGE					
TECHNICAL SCHOOL					
POST GRADUATE					

TO BE SIGNED BY ALL APPLICANTS:

I understand that I am under obligation to return monies if I should change my course of study to something other than a medically related field. Also, should I elect to terminate my schooling, or have not been admitted to a medically related program, I will forfeit any monies awarded to me. If I enroll for less than fulltime, award money will be prorated.

I understand that I must provide a **copy of my letter of acceptance** into a medically related program to the Salem Hospital Auxiliary office located in the Volunteer Services Department at Salem Hospital, **prior to August 1, 2010.**

I understand that in order to receive any scholarship monies I may be awarded, I must provide **in writing** the name and address of the school I will be attending, my social security number and my student I.D. number (if different from my social security number) to the Volunteer Services Department at Salem Hospital **prior to August 1, 2010.**

Applicant's Signature

Date

**SALEM HOSPITAL AUXILIARY
2010-2011 SCHOLARSHIP APPLICATION
Page 3 – ESSAY STATEMENT**

Please keep response limited to space provided – use **12 font**

**SALEM HOSPITAL AUXILIARY
2010-2011 SCHOLARSHIP REFERENCE FORM**

To be completed by personal/professional reference

Name of Applicant: _____

The above-named applicant has requested that you provide a reference for a scholarship application. Applicants are evaluated on: quality of application and references, GPA/SAT, volunteer work/ paid employment, choice of health field, personal assessment and extra-curricular activities.

INSTRUCTIONS: Reference forms must be computer generated or typed (**12 font**). Please access this from online at the following link: <http://www.salemhospital.org/volunteers/refform>

When completed, print and provide form to applicant. The applicant must include this completed form with their scholarship application packet. **NO SEPARATE LETTERS WILL BE ACCEPTED.** If desired, you may place this completed reference form in a sealed envelope before returning it to the applicant.

The information you contribute is extremely important in the Scholarship Committee's decision. Please check the box(es) you feel comfortable commenting on. Space has been provided below for any additional information you would like to include that will support your evaluation of the applicant.

	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>
1. Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Work Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Social Interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Academic Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use the space below to provide additional information supporting your evaluation of the applicant keeping the response limited to space provided.

Signature: _____ Date: _____

PRINT NAME: _____

Position: _____ Address: _____