



GOOD SHEPHERD
COMMUNITY HEALTH
FOUNDATION

High School Senior Scholarship Application Form

Good Shepherd Community Health Foundation, part of the Good Shepherd Health Care System, knows how important it is that local residents gain the skills to be our community's health care providers of tomorrow.

We are pleased to invite graduating seniors who are seeking a career in a medical field (e.g. physician, nurse, therapist, technologist, pharmacist, etc.) to apply for a GSCHF scholarship. One \$1,000 scholarship will be awarded as well as several \$500 scholarships.

To be considered for these scholarships, a student must:

1. Be a high school senior in GSHCS service area.
2. Intend to pursue studies in a medical field.
3. Complete the personal information section below.
4. Compile the required Scholarship Packet as described on the following page.
5. Mail or deliver your Scholarship Packet to the address on the following page. Packets must be received by March 25, 2016.

Scholarships will be awarded on the basis of applicant letter, essay and application quality, scholastic excellence, community service and activities, and letters of recommendation.

APPLICANT PERSONAL INFORMATION

NAME _____ HIGH SCHOOL _____

DATE OF BIRTH _____ TELEPHONE NUMBER _____ E-MAIL ADDRESS _____

HOME ADDRESS _____

CUMULATIVE HIGH SCHOOL GPA (submit transcripts) _____ VOCATIONAL GOAL _____

INTENDED COLLEGE _____ COLLEGE ADDRESS _____ MAJOR _____

WHAT OTHER SCHOLARSHIPS HAVE YOU RECEIVED FOR THE COMING SCHOOL YEAR _____

I AFFIRM THAT ALL STATEMENTS INCLUDED IN THIS SCHOLARSHIP PACKET ARE TRUE, COMPLETE AND CORRECT. I AUTHORIZE THE USE OF MY PHOTO AND THE INVESTIGATION OF ALL MATTERS THAT THE GOOD SHEPHERD COMMUNITY HEALTH FOUNDATION DEEMS RELEVANT TO MY APPLICATION, INCLUDING ALL STATEMENTS MADE IN THIS APPLICATION AND ANY ATTACHMENTS OR SUPPORTING DOCUMENTS. I AUTHORIZE YOU TO REQUEST AND RECEIVE SUCH INFORMATION AND RELEASE GSCH FOUNDATION FROM ALL LIABILITY THAT MIGHT RESULT FROM MAKING SUCH AN INVESTIGATION.

SIGNATURE _____ DATE _____

Instructions for Scholarship Packet Requirements

1. PERSONAL LETTER FROM APPLICANT

Write a letter directed to the GSCHF Scholarship Committee describing your career and educational goals, and how you intend to reach those goals. Describe the qualities you have developed that will help you succeed in obtaining your goals. Tell us what obstacles you have faced in the past and how you have overcome them.

2. ESSAY

Write an essay that integrates the following topics:

- a. The medical profession you wish to pursue and why.
- b. Where you would want to practice as a medical professional and why.
- c. How likely you would be to eventually practice in the GSCHF service area.
- d. How you might call on any of the following Good Shepherd Health Care System values while practicing your intended medical profession:
 - i. Quality
 - ii. Compassion
 - III. Courtesy
 - iv. Efficiency

Technical requirements for the essay

- a. Two pages
- b. Typewritten
- c. Double-spaced
- d. Paper-clipped (no staples please)

3. LETTERS OF RECOMMENDATION

Please provide two letters of recommendation from teachers, counselors, volunteer leaders, or work supervisors who can describe your abilities and potential to succeed as you pursue a career in a medical field. At least one of the letters must speak to your academic excellence.

4. ACTIVITY SHEET

Please list the activities and community service that you have been involved in during high school.

5. HIGH SCHOOL TRANSCRIPT

Please include a recent copy of your High School Transcript.

6. APPLICANT PHOTO

Please include a head and shoulders photograph of yourself. With your permission, the photo will be included with press releases sent to the media announcing award recipients. It may also be used in our own community report publication.

7. PLACE THE FOLLOWING IN A 9" X 12" ENVELOPE:

- a. Completed Scholarship Application Form
- b. Personal letter from applicant
- c. Essay
- d. Two letters of recommendation
- e. Activity Sheet
- f. High School Transcript
- g. Photo

Mail or deliver your scholarship packets to the following address:

**Good Shepherd Community Health Foundation
C/O Bob Green
620 NW Eleventh Street, Suite 101
Hermiston, OR 97838**

Packets must be received by March 25, 2016.

IF YOU HAVE QUESTIONS, PLEASE CALL 541-667-3419.