

KMR Group Foundation Health Care Professional Scholarship Fund

Established in 2018, The KMR Group Foundation Health Care Professional Scholarship Fund supports education for non-RN staff pursuing continuing education in health care while employed at Legacy Salmon Creek Medical Center. Scholarships will be paid directly to the school of enrollment.

The KMR Group Foundation Health Care Professional Scholarships will be awarded for tuition on an annual basis, dependent upon continued funding. Applications are due October 30, 2023 and are approved for the 2024 calendar year. All non-RN staff working toward a degree in health care are eligible and encouraged to apply.

Number of Awards: Maximum of 2

Submission deadline: October 30, 2023

Amount of Award: up to \$1,000 annually

Recipients notified by: December 2023

Eligibility

Candidates must meet the following criteria to apply:

- 1) A current, non-RN employee of Salmon Creek Medical Center in good standing.
- 2) Accepted to/enrolled in a program leading to a degree in health care.
- 3) Must have a cumulative GPA of 3.0 or higher, if currently enrolled. *
**In pass/no pass programs at education institutions such as Western Governors University, a "pass" is considered a 3.0 GPA.*

Non-RN staff pursuing an Associate's RN degree or Bachelor of Science in Nursing (BSN) degree **ARE eligible** to apply.

Current RNs enrolled in BSN/MSN programs are **NOT eligible** to apply.

If you are an RN enrolled in a BSN/MSN program, you may be eligible for a Chou Nursing Scholarship. Details can be found at www.legacyhealth.org/scholarships.

Part-time and on-call employees will receive pro-rated awards.

Multiple Awards

Pending continued availability of funds, employees who have previously received a KMR Health Care Professional scholarship award may apply again in a future year(s.) However, priority will be given to first-time applicants.

Process for Scholarship Award

Scholarships for tuition payment will be sent to the college admissions office in the student's name in January 2024.

Salmon Creek Hospital Foundation

KMR Group Foundation Health Care Professional Scholarship Award

APPLICATION

Applicants must submit the following items for evaluation by the selection committee via email to Kristine Krause, kkrause@lhs.org, with the subject line "KMR Health Care Professional Scholarship," or by mail to Kristine Krause, The Office of Philanthropy, Legacy Health, P.O. Box 4484, Portland, OR. 97208. All applications must be received no later than October 30, 2023.

- 1) Personal Statement of Financial Status
- 2) Personal Essay
- 3) Transcripts, if currently enrolled – one copy
- 4) Supervisor Approval/Signature

Candidates must type their application using this form to be considered or be disqualified.

Name _____

Address _____
Street City State Zip

Phone _____ Email _____

Employee ID# _____ Cost Center _____ Supervisor Name _____

Hospital department of employment _____

Position Title _____

Are you full time or part time? Please list your FTE status: _____

Length of employment with Legacy Salmon Creek Medical Center _____

Last completed degree _____

Name of educational institute funds are requested for _____

Program Name _____ Cumulative GPA (if currently enrolled) _____

Scholarship Payment Mailing Address: _____

City, State, Zip: _____

Student ID #: _____ Term Start Date: _____

When did/will you start this program? _____

When do you expect to complete your degree? _____

Have you been awarded this scholarship before? _____

If yes, in what year(s) and how much funding did you receive? _____

Will you submit your 2024 coursework to Legacy's Education Assistance Program (LEAP) for reimbursement? _____

Personal Statement of Financial Status:

How many credits do you intend to take in the 2024 calendar year:	
Tuition cost per credit:	x \$
Expected total tuition cost:	= \$
Other scholarships or tuition assistance expected?	- \$
Expected remaining balance needed in KMR Nursing Funds:	= \$

Please provide a brief statement generalizing your financial status. Consider how you plan to finance your education. If applicable, include details about your family's financial situation such as the number of family members currently pursuing post-secondary education or other important considerations. Please indicate if you have received other financial aid or scholarships, and from what source.

Essay Questions – Responses must be 250-500 words.

Explain 1) your desire to further your education, your career goals and any special interests you may have; 2) how furthering your education will positively impact patient care at Legacy Salmon Creek; and 3) why you should be awarded the scholarship.

Explain 1) what you have done for Legacy Salmon Creek to improve the quality of clinical care; 2) how have you contributed to the success of your unit/dept/hospital in quality, finance, employee engagement, patient experience, etc.

CERTIFICATION

Applicant:

I hereby certify that all the information provided in and with this application is true and accurate. Further, I certify that my own ideas and work product are set forth in this application.

Applicant's Signature

Date

Supervisor:

I hereby certify that this applicant is in good employment standing and has supervisor approval to apply for KMR Group Foundation Health Care Professional Scholarship funds.

Supervisor's Signature

Date

Supervisor's Printed Name

Check List

- Completed application – signed by applicant and dated
- Transcripts, if currently enrolled – one copy
- Supervisor Approval Signature