

## Health Care Professional Scholarship Meridian Park Medical Foundation

Meridian Park Medical Center Foundation's Health Care Professional Scholarship supports continuing education in health care for individuals employed at Legacy Meridian Park Medical Center. This scholarship is offered as an investment in the professional growth of Meridian Park employees, with a goal of providing the highest quality medical care to our local community. Annual scholarships will be awarded for tuition on a competitive basis to one or more qualified candidates. Scholarship award payments are made directly to the educational institution.

**Amount of Award:** \$5,000\*

**Submission Deadline:** April 8, 2024

**Recipients Notified By:** June 2024

**Awards Checks Mailed:** July 2024

*\* The committee anticipates granting \$5,000 one-time scholarships. However, the committee reserves the right to award scholarships at any level, up to the Foundation approved guideline.*

### Eligibility

Candidates must meet the following criteria to apply:

- Current employee of Legacy Meridian Park Medical Center.
- Accepted to/enrolled in a program leading to a degree that would build your professional career in health care.
- Demonstrate a commitment to serving Legacy Meridian Park's patients and community.
- All clinical programs are eligible and encouraged to apply.
- Students may reapply for following years.

Applications will be judged on the following criteria:

- Quality and presentation of the application.
- Completeness of answers to all questions.
- Overall demonstration of commitment to our hospital and community.

**Finalists will be asked to participate in an interview on May 16, 2024.** Candidates selected for an interview will be notified approximately two weeks prior to this date.

# 2024 Health Care Professional Scholarship Application

## Meridian Park Medical Foundation

Applicants must submit the following items for evaluation by the selection committee preferably via email to Kristine Krause, [kkrause@lhs.org](mailto:kkrause@lhs.org), or mail to Kristine Krause, The Office of Philanthropy, PO Box 4484, Portland, OR 97208, with the subject line "MPMF Health Care Professional Scholarship", received no later than 5pm on **April 8, 2024**.

- 1) Personal Statement of Financial Status
- 2) Short Answer Essay Questions
- 3) College Transcript for GPA, if currently enrolled
- 4) One Professional Reference Letter

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

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ Email \_\_\_\_\_

Hospital department of employment \_\_\_\_\_

Position Title \_\_\_\_\_ Supervisor Name \_\_\_\_\_

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

Length of employment with Legacy Meridian Park Medical Center \_\_\_\_\_

Length of employment with Legacy Health \_\_\_\_\_

Last completed degree \_\_\_\_\_

Name of educational institute funds are requested for \_\_\_\_\_

Program Name \_\_\_\_\_ Cumulative GPA (if currently enrolled) \_\_\_\_\_

University 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? \_\_\_\_\_

**Personal Statement of Financial Status:**

|   |             |
|---|-------------|
| How many credit hours do you intend to take in the 2024/2025 school year? |             |
| Tuition cost per credit hour:   | x \$        |
| Expected total 2024/2025 tuition cost:                                    | \$          |
| Expected LEAP reimbursement for these terms:                              | - \$        |
| Other scholarships or tuition assistance expected?                        | - \$        |
| <b>Remaining balance:</b>   | <b>= \$</b> |

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.

**Short Essay Questions:** Please provide short answers to each question in about 100 words or less.

1. How will your career goals and this degree further the mission of Legacy Meridian Park Medical Center?

2. Why did you choose to work on this degree?

3. How would this scholarship assist you in obtaining your goals?

**CERTIFICATION**

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

**Check List**

- Completed application – signed by applicant and dated
- College Transcript for GPA, if currently enrolled
- Professional Reference Letter

Scholarship recipients will be notified in June 2024. Award checks will be mailed directly to the educational institution for tuition in July 2024.