

**LEGACY MERIDIAN PARK MEDICAL CENTER AUXILIARY
HEALTHCARE EDUCATION SCHOLARSHIP APPLICATION
DEADLINE: March 31, 2011**

PLEASE PRINT OR TYPE:

1. Legal Name in Full:

(Last) (First) (Middle)

2. Home Address:

(Street name/number) (City/State) (Zip)

3. Home Telephone: _____

4. Date of Birth _____

5. Grade last Completed: _____ GPA: _____

6. Father's full name: _____

Occupation: _____

Employer: _____

7. Mother's full name: _____

Occupation: _____

Employer: _____

8. How many children in your family? _____

How many besides yourself are dependent upon your parents? _____

How many brothers and/or sisters are attending college this year? ____

9. List any volunteer services you have done during the last four years:

(Attach separate sheet if necessary)

10. What healthcare field are you interested in studying? _____

11. What are the names of the schools to which you have applied? _____

12. Have you been accepted by any of these schools? _____Yes _____No

If yes, which ones? _____

13. How many years are necessary to complete your course of study? _____

Please forward the following information along with your Scholarship Application:

- An official, sealed version of your high-school academic transcript.
- A brief resume describing your academic interests and performance, extra-curricular activities (inside and outside of school), and a paragraph or two on your career aspirations and plans.
- References from your school counselor and one other adult of your choice.
- A recent photograph for display purposes should you be selected as a scholarship recipient.

Please list those persons who have agreed to send a reference:

	<u>NAME</u>	<u>OCCUPATION</u>	<u>PHONE</u>
1)	_____	_____	_____
2)	_____	_____	_____

Please forward the complete application to the AUXILIARY SCHOLARSHIP COMMITTEE, LEGACY MERIDIAN PARK MEDICAL CENTER, 19300 SW 65th Avenue, Tualatin, Oregon 97062

Attention: Auxiliary Office, **postmarked by March 31, 2011**. Your application will be disqualified should **any item** be late or missing, or if you do not attend one of the twelve high schools within our geographical service area. These high schools include Canby, Lake Oswego, Lakeridge, Newberg, North Marion, Oregon City, Sherwood, Tualatin, Tigard, West Linn, Wilsonville, and Woodburn. Call (503) 692-2270 if you have questions about the scholarship program.

I understand that I am under obligation to return the full amount of my scholarship if, during the year, I should change my course of study to something other than a health care field. Also, should I elect to terminate my education, I understand I shall forfeit any monies awarded me.

When my choice of school has been finalized, I shall notify the LMPMC Auxiliary Scholarship Committee and the scholarship money will be mailed directly to the school of my acceptance.

Applicant's Signature: _____ *Date:* _____

Please copy this application as needed.