GERALDINE STEPHENSON CONTINUING EDUCATION SCHOLARSHIP ENDOWMENT

Statement of Philosophy

The Geraldine Stephenson Continuing Education Scholarship Endowment, administered by Legacy Meridian Park Medical Center Auxiliary, provides a yearly grant of no more than $5,000 to an individual/s in a medically-related field. Geraldine "Gerry" Stephenson was a charter member of the Legacy Meridian Park Medical Center Auxiliary and served as bookkeeper for the Gift Shop for 15 years. In memory of Gerry and her ideals, this endowment has been established. It is intended to support and encourage those who lack the opportunity or means to continue an education. Its purpose is to provide assistance to those who wish to continue to work toward a vocational or undergraduate degree and who, due to 1) financial need and 2) current or past family responsibilities and/or other personal disabilities have had their higher education interrupted for an extended period of at least five years or more, or have been unable to complete their education due to hardship.

This scholarship will enable candidates to pursue their education by providing funds to help cover the cost of tuition, books and other school-related fees as long as they meet academic standards of a 3.0 GPA.

Eligibility

Applicants **must** be those who:

- are seeking a medically-related education; and
- have recently returned to an accredited vocational, community, or four-year college after a significant interruption of at least five years due to hardship,
- and be in need of financial help.

Applicants **must** be United States citizens and meet Oregon residency requirements.

Applicants **must** be accepted in a medically-related field of study in the state of Oregon, not just anticipating acceptance.

Applicants **must** be eligible for financial aid.

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APPLICATION GUIDELINES

Application Form:

Be sure you have provided all information requested or you will be disqualified—no exceptions.

College Transcripts:

Please provide current transcripts from the **last** school you attended. If you do not have these available, you may call or write to the schools you attended and request them. This may take time so be sure to make your requests early.

Photograph:

Please provide a current photograph of yourself. It can be a computer print out.

Letters of Recommendation:

Three (3) letters of recommendation should be solicited from individuals (friends, employers, teachers, etc. - do not include immediate relatives) who can speak to your ability to complete your selected study program and/or who know of your educational history. You may wish to solicit a letter from a professor or advisor who can speak about your current academic performance. Choose individuals who know you well enough to talk about your abilities, motivation and potential for success.

Financial Information:

This Scholarship is intended for individuals who otherwise would have difficulty in obtaining a college education or vocational training due to a lack of funds. Therefore, we need the following information:

1. The **first two pages** of your federal income tax return from the previous calendar year.
2. Assessment of need from the Office of Financial Aid.
3. A brief statement that honestly describes your situation, the people you are responsible for, and other responsibilities in your life. This can be included in your personal statement.
4. An accounting of your household financial resources for the coming school year, including: wages, salary and employment benefits; child support; alimony; welfare benefits (cash, food stamps, Medicaid, etc.); other scholarships/grants you are currently receiving; and other income (including cash or substantial gifts from relatives and/or friends, rent from roommates, etc.).

5. An accounting of your household expenses for the coming school year, including: living costs for family (rent, food, medical insurance, car insurance, utilities, etc.); other living expenses (medical, child care, etc.); payments (such as child support to custodial parent); and outstanding debts.

Disbursement of Funds

1. All funds will be paid directly to the school attended
2. If, for any reason, you are unable to continue, any unused funds are to be returned to the Geraldine Stephenson Continuing Education Scholarship at Legacy Meridian Park Medical Center Auxiliary.
3. Applicants may re-apply on a yearly basis as academic standards are maintained.

Personal Statement

Please tell us in 500 -1,000 words about your past educational and life experience and why you have decided to return to school. We would appreciate your sharing with us:

1. Why your education was interrupted and the difficulties you have faced in trying to complete your education.
2. If or how your attitude toward education has changed since the "first time around."
3. Your goals, i.e. how you hope to use your education, what led you to choose this particular medical field, etc.
4. How long you think it will take you to complete your goal.
5. How this Scholarship will make a difference to you.
6. Any other information which you feel is pertinent that you would like to add to this application.

Please make sure all of these requirements are included. You will otherwise be automatically disqualified.

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Dear Applicant,

You will have completed your application for the Geraldine Stephenson Continuing Education Scholarship when the following materials have been received. Please submit all items together in one packet with exception of recommendation letters which must be mailed separately.

1. Complete application form (attached).

2. A copy of your transcripts from the last college, university or vocational school you attended or are attending.

3. A current photograph of yourself. (It can be a computer copy.)

4. Three (3) letters of recommendation in sealed envelopes (please see Application Guidelines for details and suggestions).

   Letters of recommendation in sealed envelopes may be sent directly to: Continuing Education Scholarship, Legacy Meridian Park Medical Center Auxiliary, 19300 SW 65th Avenue, Tualatin, Oregon, 97062. We suggest you check with the individuals solicited to be sure they have mailed their letters to arrive before the application deadline. If letters are not received by the deadline, your application will be disqualified.

5. Required financial information (please see Application Guidelines for details):
   a. The first two pages of your federal income tax return from the previous calendar year.
   b. Assessment of need by the Office of Financial Aid.
   c. A brief statement outlining your financial need.
   d. An accounting of your household resources and expenditures for the coming year.
6. A personal statement of 500-1,000 words (please see Application Guidelines for suggestions and guidance).

Applicants who have not completed the above five steps will be automatically eliminated from consideration.

Application Deadline **ALL APPLICATION MATERIALS MUST BE RECEIVED BY 5:00 PM, MAY 24, 2013 IN THE VOLUNTEER OFFICE; OTHERWISE, YOUR APPLICATION WILL BE DISQUALIFIED.** Finalists may be asked to attend personal interviews before a selection of the Scholarship recipient is made.

GERALDINE STEPHENSON CONTINUING EDUCATION SCHOLARSHIP
administered by
Legacy Meridian Park Medical Center Auxiliary Gift Shop

APPLICATION

Date_____

Name_____

Address_____

City, State & Zip_____

Home Telephone Number:_____ Alternate Telephone Number: _____

Social Security Number: __ __ __ - __ __ - __ __ __ __ (Will be shredded after committee use.)

Are you a US citizen? Yes_____No_____ Oregon Resident: Yes_____No_____

List any colleges, universities or vocational schools attending:	Years attended:

APPLICANTS FOR THE SCHOLARSHIP MUST BE CURRENTLY ENROLLED AT A VOCATIONAL, COMMUNITY OR FOUR-YEAR COLLEGE.

Name of institution: _____

Have you received the Geraldine Stephenson Continuing Education Scholarship before? _____

_____

If so, how much tuition money is left in your account?_____

Have you received any other scholarship money?_____ Amount granted:_____

Statement of Release:

Should I be named a Geraldine Stephenson Scholarship winner, you may release my name and information about me to the media. You may also use my name and information about me in publicizing the Geraldine Stephenson Scholarship. I also acknowledge that all of this grant money will be used for tuition, books and other school expenses. Any unused portion at graduation will be refunded to LMPMC Auxiliary.

_____
Signature

***** Please see the Application Guidelines (attached) for assistance in preparing the additional materials required. If you have further questions, please call Volunteer Services at 503-692-2270. Please submit this application, together with copies of transcripts, financial information and your personal statement in one packet to the address below. Letters of recommendation **must be sent separately.**

Mailing address: **ATTN: Geraldine Stephenson Continuing Education Scholarship**
Legacy Meridian Park Medical Center Auxiliary, Volunteer Services
19300 SW 65th Avenue, Tualatin, OR 97062

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