

## LEGACY MERIDIAN PARK MEDICAL CENTER AUXILIARY IRENE STEPHENSON HIGH SCHOOL SCHOLARSHIP ENDOWMENT

The Irene Stephenson High School Scholarship Endowment was set up in 1981 to memorialize Ms. Stephenson, a long-time volunteer in the Legacy Meridian Park Medical Center's (the Center) Gift Shop. The endowment was established under the Meridian Park Foundation, the Hospital's philanthropic support organization. Funds to support this endowment are raised through general and memorial gifts and investment of the principal.

Three scholarships in the amount of five-thousand dollars (\$5,000.00) each will be awarded by the Center's Auxiliary to three graduating high school seniors attending a school in the Center's geographical service area: Canby, Lake Oswego, Lakeridge, Newberg, North Marion, Oregon City, Sherwood, Tualatin, Tigard, West Linn, Wilsonville or Woodburn. Applicants must have intentions to pursue a health care career. Preferences in scholarship awards will be given to students who have performed volunteer work for any hospital which is part of Legacy Health (Good Samaritan, Emanuel, Meridian Park, Mount Hood, Salmon Creek or Randall Children's Hospital) or for some other health care system.

Scholarship awards will be announced at the student's end-of-year high school awards program. In the event the school does not hold a formal awards program, the scholarship will be presented to the winning student(s) privately by a member of their school administration.

Please forward the attached, completed application form to:

Irene Stephenson High School Scholarship Committee Volunteer Office Legacy Meridian Park Medical Center 19300 SW 65th Avenue Tualatin, OR 97062

Your application should be postmarked no later than March 31, 2014. Applications will be disqualified if postmarked after the above date and if any requested item is missing.

If you have any questions about the scholarship program, please call Brandi Porter (Volunteer Services) at 503-692-2270 or Maureen Richardson (Committee Chair) at 503-691-6711.

## **Checklist to review before mailing your application:**

- 1. Completed and signed application form
- 2. Description of academic interests, extra-curricular activities and career aspirations
- 3. List of volunteer activities
- 4. Two letters of reference
- 5. Official high school transcript



## IRENE STEPHENSON HIGH SCHOOL SCHOLARSHIP ENDOWMENT APPLICATION - 2014

## Please print or type: 1. Name: \_\_\_ (First) (Middle) (Last) 2. Street Address: (City) (State) (Zip Code) 3. Home Telephone Number: \_\_\_\_\_ 4. Expected Year of High School Graduation: 5. Do you currently or have you ever worked as a volunteer at the Meridian Park Medical Center? Yes No If applicable, what years did you serve and in what area(s) of the Medical Center did you volunteer? 6. Do you now or have you ever worked as a volunteer at another health care or veterinary facility? Yes No If applicable, what other health care facility/facilities have you supported? \_\_\_\_\_ 7. Do you have a family member who is employed by the Meridian Park Medical Center?

Yes No If applicable, what is the relationship of that family member to

Employee name

8.	What health care field are you interested in pursuing?
9.	List the names of colleges to which you have already applied:
10.	If applicable, please list the colleges from which you have received acceptances:
11.	How many years of education are required to complete your course of study?
12.	On separate paper, please give a brief description of your academic interests, extra- curricular activities (both inside and outside school), and a brief overview of your career aspirations.
13.	On separate paper, please list any volunteer activities in which you have been engaged during the last four years (include both school and community activities).
14.	Please provide written references from two people; one reference should come from you school counselor and the second from one other adult of your choice.

15. Please provide an official, sealed transcript of your high school grades (this should include

grades for the first semester of this year).

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I understand that I am under obligation to return the full amount of my scholarship if, during my first year of continuing education, I change my course of study to something other than a health care field or terminate my educational program. I shall return any monies awarded to me under the Irene Stephenson High School Scholarship Endowment to the Legacy Meridian Park Medical Center Auxiliary.

When my choice of school for on-going education has been finalized, I shall contact the Auxiliary Scholarship Committee with the following information so that scholarship funds can be mailed directly to the school of my choice:

- 1. Name and address of the school
- 2. Name of person assigned as official school contact
- 3. Student number assigned to me by the school

Signature:	Date:	

\*Please review the checklist on the cover page for required documentation before submitting your application.