

## Health Care Professional Scholarship Mount Hood Medical Center Foundation

Through the wonderful generosity of our donors, Mount Hood Medical Center Foundation is able to offer an annual Health Care Professional Scholarship for staff pursuing continuing education in health care while employed at Legacy Mount Hood Medical Center.

This one-time scholarship fosters personal growth and achievement as an investment in the community, with a goal of supporting the continued professional development of individuals providing patient care at Legacy Mount Hood Medical Center. It is our way of contributing to an employee's future while maintaining the highest quality medical care in East Multnomah and Northwest Clackamas counties.

The Foundation was established in 1980 as a community-based, tax-exempt, charitable organization dedicated to raising funds to support and advance the programs and services of Legacy Mount Hood Medical Center, and ultimately improving the health of our community. The Board of Trustees of the Foundation is comprised of community leaders who donate their time and philanthropic support to help the Medical Center realize its mission.

**Number of Awards:** Up to four\*

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

**Submission Deadline:** April 5, 2019

**Recipients Notified By:** June 2019

**Awards Checks Mailed:** August 2019

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

### Eligibility

Candidates must meet the following criteria to apply:

- Current or previous employee during the last two years at Legacy Mount Hood Medical Center.
- Accepted to/enrolled in a program leading to a degree in health care.
- Demonstrate a commitment to serving Legacy Mount Hood's patients and community.
- All clinical programs are eligible and encouraged to apply.

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 the morning of Wednesday, May 15, 2019.** Candidates selected for an interview will be notified approximately two weeks prior to this date.

## Health Care Professional Scholarship APPLICATION

Applicants must submit the following items for evaluation by the selection committee 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 "MH Health Care Professional Scholarship", received no later than 5pm on **April 5, 2019**:

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

**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 Mount Hood Medical Center \_\_\_\_\_

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

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

Name of educational institution 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 2019/2020 school year?	
Tuition cost per credit hour:	x \$
Expected total 2019/2020 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.

**Please provide short answers to each question in about 100 words or less.**

1) How do your career goals and this degree further the mission of Legacy Mount Hood 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.
- Professional reference letter(s)
- Transcripts from Educational Institution, if currently enrolled.

Scholarship recipients will be notified in June 2019. Award checks will be mailed directly to the educational institution for tuition in August 2019.