meridian park
medical foundation

LEGACY HEALTH

2019 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.

Number of Awards:	Up to three*	***Submission Deadline:***	April 5, 2019
Amount of Award:	Up to $2,500*	***Recipients Notified By:***	June 2019
		Awards Checks Mailed:	August 2019

** The committee anticipates granting two $2,500 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 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 the morning of Thursday, May 9, 2019. Candidates selected for an interview will be notified approximately two weeks prior to this date.

2019 Health Care Professional Scholarship Application
Meridian Park Medical Foundation

Applicants must submit the following items for evaluation by the selection committee via email to Kristine Krause, 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 5, 2019**.

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 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?	- $
Remaining balance:	**= $**

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 approved at the June 6, 2019 Board of Trustees meeting and will be notified shortly thereafter. Award checks will be mailed directly to the educational institution in August 2019.