

## KMR Group Foundation Health Care Professional Scholarship Fund

Established in 2018, The KMR Group Foundation Health Care Professional Scholarship Fund supports education for non-RN staff pursuing continuing education in health care while employed at Legacy Salmon Creek Medical Center. Scholarships will be paid directly to the school of enrollment.

The KMR Group Foundation Health Care Professional Scholarships will be awarded for tuition on an annual basis, dependent upon continued funding. Applications are due October 29, 2021 and are approved for the 2022 calendar year. All non-RN staff working toward a degree or certification in health care are eligible and encouraged to apply.

**Number of Awards: Maximum of 5**

**Submission deadline: October 29, 2021**

**Amount of Award: up to \$2,000 annually**

**Recipients notified by: December 2021**

### Eligibility

Candidates must meet the following criteria to apply:

- 1) A current, non-RN employee of Salmon Creek Medical Center in good standing.
- 2) Accepted to/enrolled in a program leading to a degree or certification in health care.
- 3) Must have a cumulative GPA of 3.0 or higher, if currently enrolled. \*

*\*In pass/no pass programs at education institutions such as Western Governors University, a "pass" is considered a 3.0 GPA.*

Non-RN staff pursuing an Associate's RN degree or Bachelor of Science in Nursing (BSN) degree **ARE eligible** to apply.

Current RNs enrolled in BSN/MSN programs are **NOT eligible** to apply.

*If you are an RN enrolled in a BSN/MSN program, you may be eligible for a Chou Nursing Scholarship. Details can be found at [www.legacyhealth.org/scholarships](http://www.legacyhealth.org/scholarships).*

Part-time and on-call employees will receive pro-rated awards.

### Multiple Awards

Pending continued availability of funds, employees who have previously received a KMR Health Care Professional scholarship award may apply again in a future year(s.) However, priority will be given to first-time applicants.

### Process for Scholarship Award

Scholarships for tuition payment will be sent to the college admissions office in the student's name in January 2022.

# Salmon Creek Hospital Foundation

## KMR Group Foundation Health Care Professional Scholarship Award

### 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), with the subject line "KMR Health Care Professional Scholarship," or by mail to Kristine Krause, The Office of Philanthropy, Legacy Health, P.O. Box 4484, Portland, OR. 97208. All applications must be received no later than October 29, 2021.

- 1) Personal Statement of Financial Status
- 2) Personal Essay
- 3) Transcripts, if currently enrolled – one copy
- 4) Supervisor Approval/Signature

**Candidates must type their application using this form to be considered or be disqualified.**

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ Email \_\_\_\_\_

Employee ID# \_\_\_\_\_ Cost Center \_\_\_\_\_ Supervisor Name \_\_\_\_\_

Hospital department of employment \_\_\_\_\_

Position Title \_\_\_\_\_

Are you full time or part time? Please list your FTE status: \_\_\_\_\_

Length of employment with Legacy Salmon Creek Medical Center \_\_\_\_\_

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

Name of educational institute funds are requested for \_\_\_\_\_

Program Name \_\_\_\_\_ Cumulative GPA (if currently enrolled) \_\_\_\_\_

Scholarship Payment 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? \_\_\_\_\_

Have you been awarded this scholarship before? \_\_\_\_\_

If yes, in what year(s) and how much funding did you receive? \_\_\_\_\_

Will you submit your 2022 coursework to Legacy's Education Assistance Program (LEAP) for reimbursement? \_\_\_\_\_

**Personal Statement of Financial Status:**

How many credits do you intend to take in the 2022 calendar year:	
Tuition cost per credit:	x \$
Expected total tuition cost:	= \$
Other scholarships or tuition assistance expected?	- \$
<b>Expected remaining balance needed in KMR Nursing Funds:</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.

**Essay Questions – Responses must be 250-500 words.**

Explain 1) your desire to further your education, your career goals and any special interests you may have; 2) how furthering your education will positively impact patient care at Legacy Salmon Creek; and 3) why you should be awarded the scholarship.

Explain 1) what you have done for Legacy Salmon Creek to improve the quality of clinical care; 2) how have you contributed to the success of your unit/dept/hospital in quality, finance, employee engagement, patient experience, etc.

**CERTIFICATION**

***Applicant:***

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

***Supervisor:***

I hereby certify that this applicant is in good employment standing and has supervisor approval to apply for KMR Group Foundation Health Care Professional Scholarship funds.

\_\_\_\_\_

Supervisor's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Supervisor's Printed Name

**Check List**

- Completed application – signed by applicant and dated
- Transcripts, if currently enrolled – one copy
- Supervisor Approval Signature