

## Meg Gadler Tripp Nursing Scholarship Legacy Mount Hood Medical Center

We are pleased to encourage applications for the inaugural Meg Gadler Tripp Nursing Scholarship. These scholarships are made possible by donations in memory of Meg Gadler Tripp, RN, a beloved member of the Legacy Mount Hood Medical Center nursing team. In recognition of Meg's passion for the nursing profession and her dedicated service as a nurse, leader, and mentor in the emergency department and intensive care unit, priority for the scholarships will be given to:

1. Emergency Department (ED) and Intensive Care Unit (ICU) nurses who are pursuing advanced degrees (MSN or higher), including but not limited to Family Nurse Practitioner (FNP).
2. CNA/CHTs or ED techs enrolled in a nursing program or completing pre-requisites for entry into a nursing program.
3. RNs from other units pursuing an advanced degree (MSN or higher).

**Number of Awards:** Two  
**Amount of Award:** \$2,000

**Submission Deadline:** March 30, 2026  
**Recipients Notified By:** June 2026  
**Awards Checks Mailed:** August 2026

### Eligibility

Candidates must meet the following criteria to apply:

- Current employee at Legacy Mount Hood Medical Center
- Accepted to/enrolled in a program leading to a nursing degree or completing pre-requisites for entry into a nursing program
- Demonstrate a commitment to serving Legacy Mount Hood's patients and community

## 2026 Meg Gadler Tripp Nursing Scholarship Legacy Mount Hood Medical Center

### APPLICATION

Applicants must submit the following items for evaluation by the selection committee preferably 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 Meg Gadler Tripp Nursing Scholarship", received no later than 5pm on **March 30, 2026**:

- 1) Personal Statement of Financial Status
- 2) Short Answer Essay Questions
- 3) College Transcript for GPA Review, if currently enrolled
- 4) One Professional Reference Letter—MUST BE SIGNED AND DATED

**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:**

Number of credit hours you plan to take Fall 2026 through Summer 2027:	
Tuition cost per credit hour:	x \$
Expected total Fall 2026-Summer 2027 tuition cost:	\$
Expected Legacy Education Assistance Program reimbursement:	- \$
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—MUST BE SIGNED AND DATED

Transcripts from Educational Institution, if currently enrolled.

Scholarship recipients will be notified in June 2026. Award checks will be mailed directly to the educational institution for tuition in August 2026.