

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 annually awarded 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.

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

Submission Deadline: March 30, 2026

Recipients Notified By: June 2026

Awards Checks Mailed: July/August 2026

** Scholarship award amounts will be based on financial need, up to \$5,000 per recipient. The committee reserves the right to award 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.
- Each year's award determination is independent from any prior awards.

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 at Legacy Mount Hood Medical Center on May 13, 2026. Candidates selected for an interview will be notified approximately two weeks prior to this date.

2026 Health Care Professional Scholarship APPLICATION

Applicants must submit the following items for evaluation by the selection committee preferably 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 "MH Health Care Professional 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 to Three Professional Reference Letter(s) – one from supervisor/manager preferred

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?	- \$
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.

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) – one from supervisor/manager preferred
- 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 July/August 2026.