LEGACY HEALTH

Salmon Creek Hospital Foundation

Salmon Creek Nursing Scholarship

Through the wonderful generosity of our donors, Salmon Creek Hospital Foundation is able to offer scholarships for Legacy Salmon Creek staff pursuing continuing education in the field of nursing. This scholarship is offered as an investment in the professional growth of Salmon Creek employees, with a goal of providing the highest quality nursing care to our local community.

Annual scholarships will be awarded for tuition on a competitive basis to qualified candidates. Scholarship award payments are made directly to the educational institution. Employees of all hospital programs are eligible and encouraged to apply.

Number of Awards:	Up to ten*	***Submission Deadline:***	November 2, 2026
Amount of Award:	Up to $2,500*	***Recipients Notified:***	December 2026
		Awards Checks Mailed:	December 2026

** Scholarship award amounts may vary depending on applicant pool and financial need.*

Eligibility

Candidates must meet the following criteria to apply:

- Current employee of Legacy Salmon Creek Medical Center.
- Accepted to/enrolled in a CNA, LPN, ADN, or BSN program.
- GPA of at least 3.0, if currently enrolled.
- MSN, DNP, and NP degrees are not eligible.
- Demonstrate commitment to the field of nursing and serving Salmon Creek patients.
- Employees from all programs/departments are eligible and encouraged to apply.

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

Multiple Awards

Pending continued availability of funds, employees who have previously received a Salmon Creek Nursing 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 December 2026.

LEGACY HEALTH

Salmon Creek Hospital Foundation

2027 Salmon Creek Nursing Scholarship

APPLICATION

Applicants must submit the following application for evaluation by the selection committee via email to Kristine Krause, kkrause@lhs.org, or mail to Kristine Krause, Salmon Creek Hospital Foundation, PO Box 4484, Portland, OR 97208, with the subject line "Salmon Creek Nursing Scholarship", received no later than November 2, 2026.

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

Name_____

Address_____
Street City State Zip

Phone_____ Email_____

Employee ID#_____ Cost Center_____ Supervisor Name_____

Hospital department of employment_____ Position_____

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

Length of employment with Legacy Salmon Creek 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? _____

Have you been awarded this scholarship before?_____

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

Will you apply to Legacy's Education Assistance Program* for your 2027 coursework? _____

*$1,000 for 0.6-0.89 FTE/$2,000 0.9-1.0 FTE annually. Details on the intranet: Education Assistance Program

Personal Statement of Financial Status:

How many credit hours do you intend to take in the 2027 calendar year?	
Tuition cost per credit hour:	x $
Expected total annual 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 Salmon Creek Medical Center?

2) Why did you choose to work on this degree?

3) How would this scholarship assist you in obtaining your goals?

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 Salmon Creek Hospital Foundation nursing scholarship funds.

_____ _____

Supervisor's Signature Date

_____

Supervisor's Printed Name

Check List

☐ Completed Application – signed by applicant and dated

☐ Supervisor Approval Signature

☐ Professional Reference Letter

☐ Transcripts, if currently enrolled – unofficial copy OK

Scholarship recipients will be notified in December 2026. Award checks will be mailed directly to the educational institution in December 2026.