October 1, 2021

Dear Applicant:

The **Silverton Health Auxiliary** offers scholarships to qualified students who have chosen a medically related career. To qualify for these scholarships the applicant must:

- Be a student, preparing for a medical career at an accredited institution of higher education or have been accepted for fall admission by a college or university.

- Enclose a **transcript** of grades from high school or college.

- Enclose a **written recommendation** from the applicant’s high school or college advisor (teacher’s or professor’s letter will be accepted.)

- Enclose a **written recommendation** from an individual who knows the applicant through his/her extra-curricular activities. Employer, coach (music, speech, sports), volunteer coordinator are acceptable.

- **Complete the attached application.**

- **Write a one-page essay** explaining your reasons for choosing your particular medical field of study.

- **Answer the enclosed questions on a separate piece of paper.**

Application and all supporting documents must be in the scholarship chairman’s hands by 5 p.m. on February 28, 2022. Scholarship recipients will be notified by mail. Thank you.

Silverton Health Auxiliary
Scholarship Committee Chairman
Barbara Guenther
503.873.7241
Silvertown Health Auxiliary
Medical Career Scholarship Application

Name:_____________________________________________________________________________

Parents or Guardians:________________________________________________________________

Home Address (mailing):________________________________________________________________

College Address (if applicable):________________________________________________________________

Home Phone Number:_________________________ College Phone Number:____________________

Medical field I plan on entering:__________________________________________________________

High School classes I have taken which will help me attain my goal:______________________________

College I am or will be attending:_________________________________________________________

High School cumulative GPA:_________________    College:______________________________

Past and Present Employment:___________________________________________________________

___________________________________________________________________________________

School Activities:_____________________________________________________________________

___________________________________________________________________________________

Community Activities:___________________________________________________________________

___________________________________________________________________________________

Estimated Annual Expense:_______________________________________________________________

Have you ever received a scholarship from the Silvertown Health Auxiliary?____________________

Please return to:
Silvertown Health Auxiliary c/o Scholarship Committee   342 Fairview St   Silverton, OR 97381
Silverton Health Auxiliary
Medical Career Scholarship Application

Please answer the following questions:

1. Who has made an impact on your life and why are you grateful, or not?
2. Name one positive and one challenging aspect of this career.
3. What schools did you consider? Why did you choose the one you did?
4. How do you plan to pay for your education?
5. In your schooling thus far, what class has surprised you?
6. Best made plans go awry. What is your plan B?