October 1, 2022

Dear Applicant:

The Silverton Health Auxiliary offers scholarships to qualified students who have chosen a medical 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.
- Complete the attached application.
- Write a one-page essay explaining your reasons for choosing your 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, 2023. Scholarship recipients will be notified by mail. Thank you.

Silverton Health Auxiliary
Scholarship Committee Chairman
Barbara Guenther
503.873.7241
Silverton 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 Silverton Health Auxiliary? ____________________________

Please return to:
Silverton Health Auxiliary c/o Scholarship Committee 342 Fairview St Silverton, OR 97381
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?