



## Providence Newberg Medical Center Health Career Scholarship Application: 2017

**Providence Health & Services Mission:** *As people of Providence, we reveal God's love for all, especially the poor and vulnerable, through our compassionate service.*

*We live our Mission through the **core values** of compassion, respect, justice, excellence and stewardship.*

In 2003, PNMC began giving scholarships to local high school seniors that were continuing their education and pursuing a career in health care. Six scholarships in the amount of one-thousand five hundred dollars (\$1,500.00) each will be awarded to six high school seniors attending a school in the Yamhill service area. Applicants must have intentions to continue their education and pursue a health care career directly after high school. Preferences in scholarship awards will be given to students who have performed volunteer work for any hospital, or clinic, which is a part of Providence Health & Services or for other health care systems. Consideration will also be given to students whose parent, or legal guardian, is employed by PNMC.

Scholarships are presented at a meeting of our Administrative Council and scholarship committee, at PNMC, following the scholarship recipient announcement. A formal presentation of the award will be made at the recipient's end-of-year high school awards program.

Please forward the attached, completed application form to:

Scholarship Committee  
c/o Mission Integration & Spiritual Care  
Providence Newberg Medical Center  
1001 Providence Drive  
Newberg, OR 97132

**Applications must be postmarked by March 17, 2017.** Applications will be disqualified if postmarked after due date and if any requested item is missing. If hand delivered, report to the front entrance of PNMC for staff signature and confirmation of date delivered. Do not electronically mail or scan applications.

If you have any questions, or for more information, please e-mail [samantha.gilbertson@providence.org](mailto:samantha.gilbertson@providence.org)

### Checklist of required items:

- Completed and signed application form
- Description of academic interests, extra-curricular activities and career aspirations
- List of volunteer activities
- Essay (1,000 word maximum)
- Autobiography (500-1,000 words)
- Official, sealed high school transcript (including first semester grades for this school year)
- Official results of SAT and/or ACT scores
- Two letters of reference (forms provided). References may come from a current teacher, administrator, counselor or coach at your school, a mentor, church leader, employment or volunteer supervisor.

Thank you for your interest in pursuing a scholarship from Providence Newberg Medical Center. We wish you continued success as you pursue your goals and dreams in the field of health care.

# Providence Newberg Medical Center 2017 Health Career Scholarship Application

Name of Applicant: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
City State Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

High School Attending: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

SAT Scores: \_\_\_\_\_ (and/or) ACT Scores: \_\_\_\_\_

1. Do you currently or have you ever worked as a volunteer at Providence Newberg Medical Center?

Yes \_\_\_\_\_ No \_\_\_\_\_ If applicable, what years did you serve and in what area(s) of the medical center did you volunteer? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you now or have you ever worked as a volunteer at another health care facility? Yes \_\_\_\_\_ No \_\_\_\_\_

If applicable, what other health care facility/facilities have you supported? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Do you have a family member who is employed by Providence Newberg Medical Center?

Yes \_\_\_\_\_ No \_\_\_\_\_ If applicable, what is the relationship of that family member to you? \_\_\_\_\_  
\_\_\_\_\_

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

4. What health care field are you interested in pursuing? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. List the names of colleges/universities to which you have already applied: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. If applicable, please list the colleges/universities from which you have been accepted: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. How many years of education are required to complete your course(s) of study? \_\_\_\_\_  
\_\_\_\_\_

8. On separate paper, please give a brief description of your academic interests, extra-curricular activities (both inside and outside of school), and a brief overview of your career aspirations.

9. On separate paper, please list any volunteer service/activities in which you have been engaged during the last four years (include both school and community activities).

10. On separate paper, please write an essay (1,000 word maximum) that includes the following:

- Describe your discernment process and call to a health care profession.
- In your own words, summarize how your classroom courses, experience and volunteering have impacted your decision to pursue a career in health care.
- Identify your gifts and any awards, honors and recognitions you have received.
- How do you plan to accomplish your future goals?
- Considering the Providence Mission and core values, explain how you believe they are best lived and integrated in health care and in your life today?

11. On separate paper, please write a brief autobiography (500-1,000 words).

12. Please provide an official, sealed transcript of your high school grades (this should include grades for the first semester of this year).

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Providence Newberg Medical Center 2017 Health Career Scholarship Recommendation Form

**Providence Health & Services Mission:** *As people of Providence, we reveal God's love for all, especially the poor and vulnerable, through our compassionate service.*

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At Providence Newberg Medical Center, we are committed in building healthier communities together. One example in which we do this is by offering health career scholarships to encourage our youth as they pursue their goals and dreams. We appreciate your support in completing this recommendation form for the scholarship applicant, as it is a required item. Additional comments may be added on the back of this recommendation form or on attached paper. Letters of reference may be submitted instead, if the questions below are answered in the letter. After completion, please give to the applicant in a sealed envelope. They will submit it with the other required items. **Scholarship applications are due March 17, 2017.**

SCHOLARSHIP APPLICANT NAME: (printed) \_\_\_\_\_

1. When, and where, did you first meet the applicant?
2. How well do you feel you know the applicant?
3. Describe your relationship and how frequently you interact with the applicant.
4. Share a time in which you directly observed the applicant in a difficult situation. Explain the situation, how the applicant responded to it and how they dealt with it.
5. In your opinion, what is the applicant's probable success in college as they pursue their education and career in health care?
6. Considering the Providence Mission and core values (listed above), describe how the applicant understands or demonstrates them in their life?

Reference Name (printed): \_\_\_\_\_

Title/Position Held: \_\_\_\_\_ Phone: \_\_\_\_\_

If current teacher, list name of school and subject(s) taught: \_\_\_\_\_

\_\_\_\_\_

Reference Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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