

HEALTH CARE SCHOLARSHIP APPLICATION

CASCADE EAST AREA HEALTH EDUCATION CENTER | ST. CHARLES FOUNDATION

Cascade East Area Health Education Center (CEAHEC) and the St. Charles Foundation currently offer student scholarships for students who are interested in pursuing a health care career and practice in rural Oregon as a certified nurse assistant (CNA), registered nurse (RN), nurse practitioner (NP), physician assistant (PA) or any other health care profession.

COMPLETED APPLICATION, ALONG WITH ITS REQUIRED DOCUMENTATION MUST BE RECEIVED BY MARCH 21, 2019.

APPLICATION REQUIREMENTS

CENTRAL OREGON RESIDENCE. All applicants must have resided or enrolled in school(s) for a minimum of four years in one of the following central Oregon counties:

DESCHUTES, CROOK, JEFFERSON, LAKE, GRANT, HARNEY, KLAMATH, OR WARM SPRINGS INDIAN RESERVATIONS

FINANCIAL NEED. The following chart is used to determine low-income status based on house-hold size.

Household Size*	2	3	4	5	6	7	8	For each addition person, add:
100% **	\$16,460	\$20,780	\$25,100	\$29,420	\$33,740	\$38,060	\$42,380	\$4,320

* Include only dependents listed on Federal income tax forms

**Adjusted gross income for the last calendar year

INTEREST IN HEALTH CARE CAREER WITH DESIRE TO PRACTICE IN RURAL OREGON. Applicant must have a desire to pursue a career in a health care field and explain interest in practicing in rural Oregon.

SPECIFIC SCHOLARSHIPS

PLEASE READ THROUGH EACH SCHOLARSHIP'S SPECIFIC REQUIREMENTS. CHECK ALL SCHOLARSHIPS FOR WHICH YOU QUALIFY AND WOULD LIKE TO BE CONSIDERED FOR:

- | | |
|---|---|
| <input type="checkbox"/> CERTIFIED NURSE ASSISTANT SCHOLARSHIP | <input type="checkbox"/> CEAHEC NURSE SCHOLARSHIP EXTENSION FOR A SECOND OR THIRD YEAR NURSING STUDENT |
| <input type="checkbox"/> CEAHEC BOARD SCHOLARSHIP FOR HIGH SCHOOL & COLLEGE STUDENT | <input type="checkbox"/> CEAHEC NURSE SCHOLARSHIP FOR ENROLLEES IN A NURSE PRACTITIONER OR PHYSICIAN ASSISTANT TRAINING PROGRAM |
| <input type="checkbox"/> CEAHEC SCHOLARSHIP FOR RURAL OR FINANCIALLY DISADVANTAGED STUDENTS | <input type="checkbox"/> MARY ANN THOMAS-HOSIER NURSE SCHOLARSHIP FOR HIGH SCHOOL SENIORS |
| <input type="checkbox"/> CEAHEC SCHOLARSHIP FOR MINORITY/BILINGUAL STUDENTS | <input type="checkbox"/> MARY ANN THOMAS-HOSIER NURSE SCHOLARSHIP FOR ADN/BSN SCHOLARSHIP |
| <input type="checkbox"/> CEAHEC NURSING SCHOLARSHIP FOR HIGH SCHOOL SENIORS | |

GENERAL INFORMATION

NAME (FIRST, MIDDLE, LAST): _____

DATE OF BIRTH (MM/DD/YYYY): _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ E-MAIL: _____

GENDER IDENTIFICATION (CIRCLE ONE): MALE FEMALE

ELIGIBILITY

CENTRAL OREGON RESIDENCY

CENTRAL OREGON RESIDENCY CAN BE FULFILLED BY ONE OF THE FOLLOWING, PLEASE CHECK ONE & PROVIDE SUPPORTING INFORMATION

COUNTY OF RESIDENCE: _____ LENGTH OF RESIDENCY (YEARS): _____

COUNTY OF SCHOOL ENROLLED: _____ LENGTH OF ENROLLMENT (YEARS): _____

HEALTH CARE INTEREST

WHAT IS YOUR CURRENT CAREER ASPIRATION? _____

PROGRAM CLAIM STATUS (PLEASE CHECK ALL THAT APPLY)

FINANCIAL DISADVANTAGE

HAVE YOU OR YOUR FAMILY MEMBER EVER BEEN QUALIFIED FOR FREE AND REDUCED LUNCH AT YOUR SCHOOL? YES NO

FAMILY SIZE: _____ ADJUSTED GROSS INCOME: _____

FIRST GENERATION COLLEGE STUDENT

PARENT #1 HIGHEST LEVEL OF EDUCATION (CIRCLE ONE): ELEMENTARY (K-8) HIGH SCHOOL/GED COLLEGE

PARENT #2 HIGHEST LEVEL OF EDUCATION (CIRCLE ONE): ELEMENTARY (K-8) HIGH SCHOOL/GED COLLEGE

MINORITY

ETHNICITY (PLEASE CHECK ALL THAT APPLY):

AMERICAN INDIAN/ ALASKAN NATIVE

HISPANIC/ LATINO

ASIAN

NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER

BLACK/AFRICAN AMERICAN

WHITE/ CAUCASIAN

OTHER (PLEASE SPECIFY): _____

ARE YOU BILINGUAL? YES NO IF YES, PLEASE SPECIFY OTHER LANGUAGES: _____

RURAL

PROFESSIONAL EXPERIENCE OR VOLUNTEER HISTORY

JOB TITLE: _____ DATE (MM/YYYY): FROM _____ To _____

EMPLOYER/ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ E-MAIL: _____

BRIEF DESCRIPTION OF JOB DUTIES: _____

JOB TITLE: _____ DATE (MM/YYYY): FROM _____ To _____

EMPLOYER/ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ E-MAIL: _____

BRIEF DESCRIPTION OF JOB DUTIES: _____

JOB TITLE: _____ DATE (MM/YYYY): FROM _____ To _____

EMPLOYER/ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ E-MAIL: _____

BRIEF DESCRIPTION OF JOB DUTIES: _____

EDUCATIONAL BACKGROUND

CURRENT EDUCATION:

- HIGH SCHOOL PLEASE CIRCLE ONE: FRESHMAN SOPHOMORE JUNIOR SENIOR
 COLLEGE PLEASE CIRCLE ONE: FRESHMAN SOPHOMORE JUNIOR SENIOR
 GRADUATE PROGRAM
 OTHER (PLEASE SPECIFY): _____
 NOT CURRENTLY IN SCHOOL (PLEASE SPECIFY): _____

HIGH SCHOOL EDUCATION

SCHOOL NAME: _____

ADDRESS: _____

DATE OF ATTENDANCE (MM/YYYY): FROM _____ TO (EXPECTED): _____

SPECIALIZATION (IF ANY): _____ GPA: _____

COLLEGE EDUCATION

(IF YOU ARE NOT IN COLLEGE, PLEASE PROVIDE INFORMATION ON THE COLLEGE INSTITUTION YOU PLAN ON ATTENDING THIS FALL)

SCHOOL NAME: _____

ADDRESS: _____

DATE OF ATTENDANCE (MM/YYYY): FROM _____ TO (EXPECTED): _____

MAJORS/MINORS: _____ GPA: _____

OTHER RELEVANT EDUCATION

PROGRAM TYPE (TECHNICAL SCHOOL, GRADUATE SCHOOL, POST-BACH EDUCATION, ETC.): _____

SCHOOL NAME: _____

ADDRESS: _____

DATE OF ATTENDANCE (MM/YYYY): FROM _____ TO (EXPECTED): _____

MAJORS/MINORS (IF APPLICABLE): _____ GPA: _____

PLEASE ATTACH MOST CURRENT SCHOOL TRANSCRIPT WITH YOUR APPLICATION

CASCADE EAST AREA HEALTH EDUCATION CENTER (CEAHEC) PARTICIPATION

PLEASE CHECK ANY OF THE FOLLOWING CEAHEC STUDENT PROGRAMS IN WHICH YOU HAVE PARTICIPATED IN:

YOUR PARTICIPATION IN A CEAHEC STUDENT PROGRAM DOES NOT AFFECT YOUR ELIGIBILITY AND WILL NOT GRANT YOU AN ADVANTAGE IN SCHOLARSHIPS AWARDS

- DIAGNOSIS DAY
- HEALTH OCCUPATIONS JOB SHADOWING
- MEDSTARS/HPREP CAMP
- INTER-PROFESSIONAL EDUCATION TRAINING
- OTHERS (PLEASE SPECIFY): _____

- I HAVE NOT PARTICIPATED IN ANY CEAHEC STUDENT PROGRAMS

SCHOOL ACTIVITIES, CLUBS, SPORTS, OR AWARDS

PLEASE LIST ANY EXTRA-CURRICULAR SCHOOL ACTIVITIES YOU MAY HAVE PARTICIPATED IN INCLUDING LEADERSHIP POSITIONS, CLUBS, SPORTS, ETC. YOUR ANSWERS SHOULD INCLUDE VOLUNTEERING EXPERIENCES, AND ACADEMIC AWARDS OR HONORS. PLEASE INCLUDE CORRESPONDING LENGTH OF PARTICIPATION AND/OR DATE OF AWARD.

THERE IS NO LENGTH REQUIREMENT OR PAGE LIMIT TO YOUR ANSWERS/LISTS.

ESSAY QUESTIONNAIRE

PLEASE PROVIDE A TYPED RESPONSES TO THE FOLLOWING QUESTIONS BELOW. EACH RESPONSE SHOULD BE TYPED USING TIMES NEW ROMAN, 12-POINT FONT. PAPER SHOULD BE DOUBLE SPACED WITH 1-INCH MARGINS. EACH ANSWER SHOULD BE APPROXIMATELY HALF A PAGE.

1. WHAT PERSONAL, PROFESSIONAL OR ACADEMIC EXPERIENCE WAS MOST INFLUENTIAL FOR LEADING YOU TO PURSUE A CAREER IN HEALTH CARE?
2. WHAT ARE YOUR HEALTH CARE CAREER ASPIRATIONS AND WHY?
3. WHAT IS ONE QUALITY THAT YOU POSSESS AND BELIEVE WILL HELP YOU SUCCEED AS A HEALTH CARE PROFESSIONAL?
4. WHAT DO YOU BELIEVE WILL BE YOUR GREATEST CHALLENGE IN ACHIEVING YOUR CAREER ASPIRATIONS?
5. PLEASE DESCRIBE A CARE GIVING EXPERIENCE YOU HAVE HAD AND HOW IT HAS GIVEN YOU AN INSIGHT ON THE PATIENTS YOU HOPE TO SERVE.
6. PLEASE EXPLAIN YOUR PLANS UPON PROGRAM COMPLETION/GRADUATION AND WHY YOU ARE INTERESTED IN PRACTICING HEALTH CARE IN RURAL OREGON?

LETTERS OF RECOMMENDATION

PLEASE PROVIDE LETTERS OF RECOMMENDATION FROM **TWO INDIVIDUALS** WHO CAN SPEAK IN REGARDS TO YOUR POTENTIAL AS A HEALTH CARE PROFESSIONAL.

APPLICATION COMPLETION CHECK LIST

PLEASE CHECK THE FOLLOWING LIST TO INSURE YOUR APPLICATION IS COMPLETED. A COMPLETE APPLICATION SHOULD INCLUDE THE FOLLOWING:

- COMPLETED HEALTH CARE SCHOLARSHIP APPLICATION FORM
- MOST CURRENT UNOFFICIAL ACADEMIC TRANSCRIPT
- LIST OF SCHOOL ACTIVITIES, CLUBS, SPORTS OR AWARDS
- TYPED RESPONSES TO SCHOLARSHIP QUESTIONS
- TWO LETTERS OF RECOMMENDATIONS IN A SEALED ENVELOPE WITH SIGNATURE OF LETTER WRITER ON ENVELOPE SEAL

APPLICANT SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

COMPLETED APPLICATION, ALONG WITH ITS REQUIRED DOCUMENTATION SHOULD BE RECEIVED BY **MARCH 21, 2019.**

PLEASE SEND COMPLETED APPLICATIONS TO:

PATSY DRYDEN
CASCADE EAST AHEC
ST. CHARLES MEDICAL CENTER
2500 NE NEFF ROAD
BEND, OR 97701