

VOLUNTEER SERVICES PROGRAM 2025

APPLICATION FOR NURSING & ALLIED HEALTH EDUCATION SCHOLARSHIP

Name:		
Address:		-
City, State, & Zip:		
Phone #:	Date of Birth:_	Email
Indicate if you are a	Current (or prospective) C	ollege Student or High School Senior
Years of residency i	n Umatilla/Morrow County	(minimum 1 year required)
		lease attach a copy of your unofficial academic s and contact information for the school.
	ly are you enrolled, or intending to py of the acceptance letter if app	co pursue?olicable)
	·	St. Anthony Volunteer Services?
Please attach a	ı list of all previous community v	olunteer service and hours spent on each activity.
Please submit	a brief essay (no more than 3 pa	ges) answering the following questions:
		2) How will you serve your community in this career?
	me when you were able to help s eer as a Healthcare Provider	someone, and how you feel that experience will benefit
Applicant's Signatur	·e	Date

Return your application packet <u>no later than April 28, 2025</u>. Postmark does not count.

Submit application to:

Emily Smith, Volunteer Services

2801 St. Anthony Way, Pendleton, OR 97801

Or submit via email to: SAHScholarships@commonspirit.org

If you are submitting via email please include all pages as a single PDF document

(Points will be deducted if multiple files are submitted. Files can be merged for free at https://www.adobe.com/acrobat/online/merge-pdf.html)

Questions? Call 541-278-2627