



# VOLUNTEER SERVICES PROGRAM 2024

## 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) College Student or  High School Senior

Years of residency in Umatilla/Morrow County \_\_\_\_ (minimum 1 year required) **please attach proof of residency.** (i.e. driver's license, school ID, utility bills, etc.)

Cumulative GPA: \_\_\_\_ (must be 3.0 or above) **Please attach a copy of your unofficial academic transcripts** for any classes taken in the last 4 years and contact information for the school.

In what field of study are you enrolled, or intending to pursue? \_\_\_\_\_  
(Please attach a copy of the acceptance letter if applicable)

Have you previously received a scholarship from the St. Anthony Volunteer Services?  Yes  No  
o If yes, give year(s) and amount received: \_\_\_\_\_

**Please attach a list of all previous community volunteer service and hours spent on each activity.**

**Please submit a brief essay (no more than 3 pages) answering the following questions:**  
1) Why did you choose a career in healthcare? 2) How will you serve your community in this career?  
3) Describe a time when you were able to help someone, and how you feel that experience will benefit your future career as a Healthcare Provider

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return your application packet no later than May 5. 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