

APPLICATION FOR MEDICALLY ORIENTED SCHOLARSHIP

Sponsored by the *Santiam Memorial Hospital Auxiliary*, Stayton, OR

NAME: _____

ADDRESS: _____

PHONE # _____

PARENT OR GUARDIAN: _____

NAME OF HIGH SCHOOL: _____

SCHOOL or PROGRAM that has accepted you: _____

Please submit the following with each application:

1. Have been accepted by an accredited School or Hospital related profession or be attending such a school.
2. Have a recommendation from the school counselor including grade point average.
3. Have a recommendation from the Principal of the school.
4. Have a reference from anyone of his or her choice.
5. Write in his/her own words the reasons for choosing this field of medicine.
6. Be interviewed by the members of the Scholarship Fund Committee.
7. Please submit photo with application.
8. Please indicate annual family income by checking appropriate blank.

15,000 and under _____

15,001 to 25,000 _____

25,001 to 35,000 _____

35,001 to 50,000+ _____

Applications and letters of recommendation must be received by **April 16, 2008**. Please send them directly to the Scholarship Fund Committee, Santiam Memorial Hospital Auxiliary, 1401 N. 10th St., Stayton, OR 97383. All material will be held in strict confidence.

The applicants will be notified of the time and place for the personal interview before **May 1, 2008**. Special arrangements for interviewing may be made for students enrolled in a college program.

Scholarship recipients will be notified within two weeks after the interviews. The grant will be paid in the student's name directly to the school of enrollment.