



2014 Scholarship Application Instructions

The Salem Hospital Foundation awards scholarships to students pursuing careers in healthcare professions. Special consideration is given to applicants who are Salem Hospital employees. **Scholarships awarded will be applied to the 2014-2015 school year, beginning in the fall.**

Qualifications:

Applicants must have a permanent residence in Marion or Polk County (unless a current employee or immediate family member of a current employee at Salem Hospital) and at the time of the application **must be accepted into or have applied to a formal training program** in a healthcare field. Depending on the specific program of study, there may be one to two years of prerequisite courses to complete prior to applying for the actual program; these **prerequisite studies are not eligible for scholarship assistance**. Students must be enrolled in at least a part-time class schedule to qualify (6 cr. minimum). **If you are currently a high school senior, please call us at 503-561-5576 before completing your application.**

Selection:

The Salem Hospital Foundation Scholarship Committee will make all final scholarship selections. The committee will consider overall presentation and completeness of the application packet, letter of reference, academic performance, field of study, volunteer/extracurricular activities and financial need. Notification of results will be sent by June 27, 2014.

Instructions:

1. You can print out the packet first and fill in by printing clearly on the form, or you can type into each field and print the completed form. **Please read and complete the application thoroughly.** You must include the items listed below along with your application form. **Incomplete application packets will not be considered; don't forget to sign your application!** Please contact the Foundation office at 503-561-5576 if you have any questions.
2. Completed application packets **must be received in the Foundation Office* by 5:00 p.m. on Monday, May 12, 2014 or post-marked by May 9, 2014.** No late applications will be accepted.

Mailing Address:

Salem Hospital Foundation
P.O. Box 14001
Salem, OR 97309-5014

* Physical Address:

Salem Hospital, Building B
665 Winter St SE, 1st Floor
Salem, OR 97301

3. Along with the completed form, the following must be included with your application:
 - A. A copy of your **most recent** college **unofficial** academic transcripts.
 - B. A typed narrative essay, **no more than one page**, which includes a goal statement about your career aspirations and plans, brief personal assessment of your strengths and weaknesses and a description of your extra-curricular and community service activities.
 - C. **One current and signed** letter of reference from an **employer** or a **professor** in your major field, preferably on letterhead. References from family members are not accepted.
 - D. A current typed resume; please include paid and volunteer work experience. Resumes should be limited to 2 pages **only**.
 - E. Don't forget to sign your application!

~ **Please do not use staples when assembling your application packet.** ~

Salem Hospital Foundation Scholarship Application

Please Type or Print Clearly

| | | | | | |
|--|----------------|---|-----------------------------|--|-----|
| Last Name | First Name | Middle Initial | E-mail Address | | |
| Current Mailing Address | | City | State | Zip | |
| Permanent Street Address (if different than above) | | City | State | Zip | |
| Home Phone | Business Phone | | Cell Phone or Message Phone | | |
| Please indicate the program for which you are applying for scholarship funds: <input type="checkbox"/> Nursing - ADN <input type="checkbox"/> Pharmacy Tech - Associates <input type="checkbox"/> Imaging - Bachelors <input type="checkbox"/> Nursing - BSN <input type="checkbox"/> Pharmacist <input type="checkbox"/> Physician <input type="checkbox"/> Nursing - Advanced Practice <input type="checkbox"/> Imaging Tech - Associates <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Other* : _____ | | | | | |
| * Please call 503-561-5576 to see if your program is accepted by the Salem Hospital Foundation prior to completing your application. | | | | | |
| Have you been accepted into the program? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, date acceptance is expected: _____ | | | | | |
| School you plan to attend | | | | | |
| School Financial Aid Office Address | | City | State | Zip | |
| Credit Hours – complete one: Full time _____ # hrs/term Part time _____ # hrs/term | | Year of program you will be entering: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> Other | | Anticipated Date of Graduation Month _____ Year _____ | |
| Are you an employee of Salem Hospital? <input type="checkbox"/> Current employee <input type="checkbox"/> Past employee Position/Dept: _____ | | Family Member <input type="checkbox"/> Current employee <input type="checkbox"/> Past employee Name/Relationship: _____ Position/Dept: _____ | | | |
| Current Employer, if other than Salem Hospital (if applicable) | | Job Title | Hours per week | | |
| Have you received a Salem Hospital Foundation Scholarship in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If you have received a Salem Hospital Foundation scholarship under a different name, please list below. | | | |
| Is working at Salem Hospital or in the Salem community part of your career plan? <input type="checkbox"/> Yes <input type="checkbox"/> No | | How did you learn about our scholarship? | | | |
| Education Summary | | | | | |
| Name of School | Yrs Attended | Credit Hrs | Degree/Major | Graduation date | GPA |
| High School | | | | | |
| College | | | | | |
| College | | | | | |
| Technical School | | | | | |
| Post Graduate | | | | | |

Depending upon such variables as age, marital status and other circumstances, applicants may depend on parental help for all or part of their support. If this description best fits your situation, please complete the following section and skip the Independent section. If you are fully financially independent, please skip this section and continue in the section marked Independent. If both apply because you are independent, but also receiving financial assistance from your parents, please complete both sections.

Dependent

| | | |
|--|--|----------------------|
| Father's Full Name | Occupation | Employer |
| Mother's Full Name | Occupation | Employer |
| How many children are dependent upon your parents for support? | | What are their ages? |
| Total Household Annual Income (Gross) \$ | Amount of annual financial support parents are able to provide \$ | |

Independent

Marital Status: Single Married

| | | |
|---|--|----------|
| If Married, Spouse's Full Name | Occupation | Employer |
| Number of dependents | What are their ages? | |
| Total Household Annual Income (Gross) \$ | Will you be receiving other financial assistance for school? <input type="checkbox"/> No <input type="checkbox"/> Yes - if yes, please complete next section. | |

Other Financial Assistance

| Please list all: | Organization Name | Amount of Support |
|--------------------------------|-------------------|-------------------|
| Grants | | \$ |
| Scholarships | | \$ |
| Employer Tuition Reimbursement | | \$ |
| Other | | \$ |

Expenses – Please report expenses for the 2014-2015 school year

| | | | |
|---------------------------|----|----------------------------|----|
| Tuition and Fees | \$ | On campus housing | \$ |
| Books and Supplies | \$ | Off campus rent/utilities | \$ |
| Uniforms and/or Equipment | \$ | Food and Personal Expenses | \$ |

Other additional factors which influence your financial capabilities that you want to share with the committee:

Agreement

I certify that the information I have provided is true and correct. I will notify the Foundation if this information changes.

I understand that the purpose of this scholarship is to defray the cost of tuition and books. I understand that I am under obligation to return the full amount of my scholarship if I change my course of study to something other than a medical or medically-related field.

I understand that I am under obligation to notify the Foundation if my student status changes from that which is indicated on this application.

I hereby authorize the release of this application and any relevant supporting information to persons involved in the selection and awarding of scholarships.

Applicant's Signature _____ Date _____

Tips for Scholarship Applicants

Your scholarship application will be reviewed by a subcommittee of the Foundation's board of directors. These are community members who serve the hospital by volunteering their time to various projects such as fundraising and scholarship selection. They take this responsibility very seriously and will be carefully considering your application to make their decisions.

1. **Read** the instruction page included with the application form and **follow the directions**. As obvious as it may seem, every year we receive application packets that are missing attachments, have incomplete information or the list of qualifications has not been met. Each question needs to be answered!
2. This is a **competitive process** and the review committee will be spending many hours reading and comparing all of the applications that are received. Take time to fix errors. Spelling counts, neatness counts, and presentation is everything!
3. Have someone else read your application and attachments; if this is important to you, it's worth getting a second set of eyes to proofread your work.
4. **Your application packet will be photocopied on a black and white copier** so it can be distributed to the review committee. Fancy paper and report covers are not necessary. If you want to see what the reviewers will see, make a copy for yourself and see how it looks.
5. **If you have questions** about any part of the application, **contact the Foundation office**. We're very happy to help you submit a successful application. **503-561-5576**

The "dreaded one-page essay"

This is your chance to make your application stand out from all the others. A good essay is interesting, has a beginning, supporting information, a conclusion and is genuine. Avoid cliché language and goals that are at the level of "ending world hunger" – our reviewers see through that pretty quickly. Please also note that only the first page of your essay will be forwarded to the committee. If you have included more than one page, it most likely will not read well.

One of the most important things to include is **a clear explanation of your career goal and how you plan to achieve it**. It's fine to include your ultimate goal, but we need to understand exactly what you will be studying in the coming school year and how that gets you to your ultimate goal. It's probably not a good idea to mention that you are currently undecided about whether you want to study nursing or pharmacy, pick one and be passionate about going in that direction. **The committee is looking for students who will be successful**. If the committee thinks you are unsure about what your plans are, or if your plans are confusing to them, your chances of getting a scholarship will decline.

Make sure that everything in the essay is relevant and ties back to your career goal in some way. We ask about strengths and weaknesses because we want to see how you think they support or hinder your ability to succeed in your chosen field. Why will you make a good doctor, pharmacist, physical therapist, etc.? How will you overcome a challenge? Tell us how your extracurricular activities fit into your life. Has specific volunteer work prepared you to do something special? How do athletics or leisure time activities improve your life? Our committee also understands that many students may also have full or part-time jobs, family members to care for, or other situations that limit the amount of activities they are able to participate in. Use these examples as well to best tell your story.

Returning applicant? Please do not submit last year's essay! There is a different focus for returning students that is aimed at telling the committee what has happened since last year, how are your studies going? How are you progressing toward your goal? How did the scholarship help you?

Letter of reference

After the goal statement essay, the next most important part of the application is the letter of reference. We do not require that it be sealed or come directly to us because we'd like you to have a chance to review it first.

We ask that it be from a teacher/instructor/professor, or school counselor, or employer because they know something about your overall academic or workplace performance. Letters from fellow students or coworkers don't carry the same weight. Letters from family members are not allowed. If possible, the scholarship committee would prefer to see a letter from a teacher/instructor/professor.

The letter should be on business stationery or at least have all the appropriate contact information listed and should include the title or position of the person writing the letter.

During "scholarship season" it's not uncommon for instructors, academic advisors, and employers to be asked by more than one student to write a letter of reference. We've noticed that some of them who are asked to write multiple references have developed form letters to make this task manageable. It may be a good idea to ask more than one person to give you a letter of reference so you can pick the very best one. Effective letters include specific details about you and your talents. Do not send more than one letter with your application though.

Common mistakes

- Application is missing signature.
- Checking the "other" box for program and not contacting the Foundation to find out if the program is eligible.
- Letter of reference is made out to an organization other than the hospital foundation.
- Application doesn't copy well because it is in pencil or original paper is colored.
- Any part of the application has spelling errors.
- Goal statement is more than one page.
- Portions of the application are left blank and questions are unanswered.
- Letter of reference does not include contact information.
- Returning student used last year's essay and/or letter of reference.
- Omitting employer tuition reimbursement, if applicable (this is especially true for hospital employees).
- Required information is missing.
- Listing expenses for the entire program instead of the upcoming school year only.
- Including materials not requested, such as awards, certificates, etc. – only the pieces requested in the instructions are provided to the review committee (you can reference these types of achievements in your resume if you wish).

Final tip – after you have completed your entire application packet, go back and read the instructions one more time to make sure you have followed the directions and that you are presenting your very best work.