March 2, 2020

Dear Scholarship Applicant:

Enclosed is the application form for the 2020 Good Samaritan Regional Medical Center Auxiliary Virginia Welch Scholarship. Each year the Good Samaritan Regional Medical Center Auxiliary awards scholarships to students who plan to pursue a career in a medically related field within a hospital setting. In the evaluation process by the Scholarship Committee, consideration will be given to the following areas:

Quality of the application
Quality of references
GPA
Volunteer work/paid employment
Financial need
Choice of health field
Extracurricular activities

The cover page attached to the application provides a checklist for you to use to ensure that your application is complete before you send it to us. ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED.

The postmark deadline for the completed application is **April 10**, **2020**. Be sure that the references are enclosed with your application; they may be placed in a sealed envelope by the person who has written the reference for you.

If you have any questions, please contact Auxiliary Scholarship Chairperson, Joan Richter at 541-602-0442, or Luanne Barnes, Director of Volunteer Services at 541-768-5083.

Sincerely,

Joan Richter Chairperson, Scholarship Committee Good Samaritan Regional Medical Center Auxiliary

Luanne Barnes Director, Volunteer Services Department Good Samaritan Regional Medical Center

Dear Scholarship Applicant:

The Good Samaritan Regional Medical Center Auxiliary offers scholarships to students to pursue studies in medically-related professions. The money granted is to be used to defray tuition, fees and textbook expenses.

The following documents must be completed and included with your application. Please submit the application typed or legibly written in black ink. Good Samaritan Regional Medical Center Virginia Welch Scholarship Form. 2. Your most current official high school or college academic transcript. A one-page resume which includes a description of your community service/extra-curricular activities; a short narrative of your career aspirations and plans; work/volunteer experience; and any awards or honors. Three current 2020 references on the forms provided from persons other than your family, preferably a school counselor or principal, teachers. employers, or volunteer supervisors. Proper signatures are required where indicated. Please mail the completed application, including all of the above-noted documents, to: Volunteer Services Department Good Samaritan Regional Medical Center 3600 NW Samaritan Drive Corvallis, OR 97330 The completed application must be postmarked on or before the deadline of April 10, 2020 to be considered by the committee. Sincerely, Joan Richter Luanne Barnes Chairperson, Scholarship Committee Director, Volunteer Services Department

GOOD SAMARITAN REGIONAL MEDICAL CENTER AUXILIARY VIRGINIA WELCH SCHOLARSHIP APPLICATION

3600 NW SAMARITAN DRIVE CORVALLIS, OREGON 97330

Legal Name In Full			
Address	Middle	Last	
City		Zip	
Telephone Numbers: Home	Work	Cell	
BirthdateSingle	_Married		
School Now Attending (Name/Address) School Attending for coming year, if different	nt (Name/Address)		
Are you currently enrolled in a health or me If yes, please name:	edically related program?	Yes [] No []	
What is your class status for the coming ye Graduate Level []	ear? Freshman [] Sophon	nore [] Junior []	Senior []
Do you plan to work while attending school If yes, approximately how many hours per	? Yes [No [] week? Hours		
Please list your employment experience an	nd significant volunteer wor	k:	
Employment:	<u>Fron</u>	<u>1</u>	<u>To</u>
Volunteer Experience:			
	18-27		
DEPENDENT STUDENTS FINANCIAL INI	FORMATION:		
(To be completed by applicants who are claim	med as a dependent by the	ir parents for tax re	eportina purposes.)
Father's Full Name	.29 SE3		,
Address			
Home Phone Employer		Work Phone	
Mother's Full Name			
Address			
Home Phone		Work Phone	
Employer			
How many children besides yourself are depend Ages:	dent on your parents for their	support?	
How many will be attending college this year?			
Your			
Occupation			
Employer			

INDEPENDENT STUDENTS FINANCIAL INFORMATION:

(To be completed by those applicants who are totally independent or who are supported wholly or in part by the earnings of another in their independent household.)

Number of Deper	idents Ages of Dependents	
Household Incom Source	e/Earnings	
Source		
	ING SOURCES:	
Name	hips/grants for which you have applied for the 2020-2021 school y Amount	/ear: Granted (Y or N)

Have you ever r Scholarship? Yes []	received a Good Samaritan Regional Medical Center Auxiliary Virginia No [] If yes, what year(s):	
9-00 00-00		
Lender	oans you have incurred for <u>educational expenses</u> , i.e., student loans:	<u>Amount</u>
FINANCIAL DA	TA:	
Drainated Even		
\$	enses For The 2020-2021 School Year:	
\$	Books and School Supplies	
\$	Housing and Food (including rent or house payments, utilities, phone	, household
\$	expenses)	
Φ	Transportation (including car payments, insurance, repair/gas estima commuting/bus costs)	tes,
\$	Medical/Dental Expenses not Covered by Insurance	
\$	Day Care	
\$	Miscellaneous (clothing, laundry, entertainment, personal supplies, et	tc.)
\$	Total Expenses	
Projected Fund (These are source	es of funds available which you expect to receive towards your education	nal needs during
the school year :	Household Income funds available to student	
\$	Savings	
\$	Parents (if applicable)	
\$	GI or Social Security Benefits	
\$	Public Assistance (ADC, Welfare)	
\$	Financial Aid or Scholarships/Grants	
\$	Other (please describe)	
\$	Total Income	
I have comple or false docur	eted all application and financial information. I understand a mentation eliminates my consideration as a scholarship app	ny incomplete licant.
Signature of A	pplicant Date	
Parent's Signa	ture (if applicant is a dependent)	

GOOD SAMARITAN REGIONAL MEDICAL CENTER AUXILIARY

3600 NW SAMARITAN DRIVE CORVALLIS, OR 97330

VIRGINIA WELCH SCHOLARSHIP REFERENCE FORM

Name of Applicant:			
The applicant has requested you to write are evaluated on: quality of application, employment, financial need, choice of he information you contribute is extremely in Please check the areas which you feel co	quality of references, (ealth field, and extracu nportant in the Schola	GPA, volunteer v rricular activities rship Committee	vork/paid . Therefore, the
The applicant must include this complete	ed reference form with	their scholarship	application.
No separate letters will be accepted. April 10, 2020. You may place this compreturning it to the applicant. Thank you for	oleted reference form in	e for the complet n a sealed envel	ed application is ope before
Please complete the following:			
 Emotional maturity Work habits Responsibility Interaction Leadership Academic performance Other: Please share any additional information to	Above Average	Average	Below Average
(Do not use reverse side of paper; please	e use additional paper	if needed.)	аррисант.
Signature		Date	
Name (Print)			
Position:Address:			

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No separate letters will be accepted. T	he postmark deadline	for the comple	ted application is
April 10, 2020. You may place this comp returning it to the applicant. Thank you fo	leted reference form in	n a sealed enve	lope before
Please complete the following:	Abovo Avorago	Avers	Deles
1. Emotional maturity	Above Average	Average	Below Average
2. Work habits		AT THE RESERVE OF THE SECOND	*
3. Responsibility			
4. Interaction		7	
5. Leadership			
6. Academic performance			West =
7. Other:			
Please share any additional information the (Do not use reverse side of paper; please) Signature	nat will support your e e use additional paper	if needed.)	applicant:
Signature		Date	
Name (Print)			
Position:			
Address:			
3			

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Please complete the following:			
 Emotional maturity Work habits Responsibility Interaction Leadership Academic performance Other:	Above Average that will support your e e use additional paper	Average	Below Average
Signature		Date	
Name (Print)			
Position:Address:			