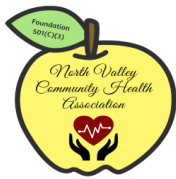


-For Scholarship Committee Use-

Date Received: _____ Date Reviewed: _____

Scholarship Awarded: Y / N Comments: _____

v04.2024



**North Valley Community Health Association
Health Care Education Scholarship Application Form
Due Date: _Delivered or postmarked by_ **July 31, 2024** _**

Guidelines:

- NVCHA scholarships are intended for students on a healthcare pathway to help sustain the clinical workforce in Okanogan County Public Hospital District #4 (OCPHD4).
- Priority will be given to applicants currently residing from or working in OCPHD#4, and currently enrolled in a healthcare related program.
- Scholarships may be awarded to past recipients no more than once every four years, unless there are no other qualified applicants.
- Incomplete application packets may not be considered.

Complete and return this form via mail or deliver to:

**North Valley Community Health Association,
% North Valley Hospital Administration Office
203 S. Western Ave, Tonasket, WA 98855**

For questions call NVCHA % NVH Administration 509-486-3118.

PERSONAL:

Name _____ Date: _____

Mailing Address _____

Phone Number _____ (home/cell) Date of Birth _____

Email Address _____

Legal Resident? YES _____ NO _____

Current school / highest grade completed: _____

Current employer _____ Length of employment _____

Please include a copy of your academic transcript(s) with current Grade Point Average.

PROJECTED EDUCATION PLANS:

Voc. Tech. School _____ Community College _____ College/University _____

Field of Study: _____

Institution Name and Financial Aid Office: _____

Student ID# _____

Are you currently enrolled in or accepted to a healthcare related program? Yes ___ No ___

School Mailing Address: _____

Contact Person(Dept.) and Phone Number: _____

ESTIMATED COSTS:

Tuition for academic year: _____

Estimated cost of books and other learning materials: _____

Housing and food costs: _____

Other costs (please specify purpose): _____

PERSONAL PAYMENT PLAN FOR EDUCATION:

(Show percentage to be paid by you or other resources to equal 100%)

Your personal savings: _____

Parents, spouse, significant other: _____

Summer work: _____

Part-time work while attending school: _____

Loans: _____

Other Scholarship Awards (if known): _____

Other (Explain): _____

List your healthcare experience (work or education). Please include dates.

List your extracurricular activities, honors, awards and any other special achievements or special recognition:

List participation in any volunteer or civic activities:

Describe specific goals that you have identified for the next 4-6 years using the SMART format (Specific, Measurable, Attainable, Relevant and Time-bound):

In a legible handwritten or typed essay format, up to 500 words, specify reasons why you should be considered for this Health Care Scholarship. Criteria for evaluation of your essay will include:

- delineation of your strengths that indicate a good fit for your selected health care program,
- plans for overcoming any obstacles,
- organization of content, spelling and grammar.

Please attach your essay to this application.

Provide letters of recommendation from 2-3 personal references who support your application. Include at least one instructor and one employer or community member. (Give your references a deadline for returning their letter to you).

Name: _____ Phone #: _____
Name: _____ Phone #: _____
Name: _____ Phone #: _____

I _____, scholarship applicant, grant permission for NVCHA to publish my name and photo for the purpose of announcing scholarship awards. I understand that there will be no royalty fee or other compensation payable to me for such use. Please attach a wallet sized photo of yourself to this application.

PLEASE review your application for completeness, prior to submitting. Incomplete applications may not be considered. An explanation should be included for any missing component of the packet.

- Completed Application-essay attached
- Recent school transcript and current GPA
- 2-3 recommendation letters
- Wallet sized photo