

Scholarship Application 2019

*Must be postmarked or hand delivered by June 1, 2019*

*Please indicate the scholarship you are applying for*

**Gwen and Gladys Coffin Memorial Scholarship**

 **Edgar and Frances Boyd** **Burbridge Scholarship**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position/Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you held this position, and worked for this employer?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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Please answer the following questions briefly. Answers may be typed on a separate piece of paper.

1. Briefly describe the education/training you are seeking, where you are planning to receive it, and why you are seeking it
2. Briefly explain how you receiving this education/training will help improve health care services in Wallowa County
3. Attach a simple budget, outlining the estimated costs of your program including:
	1. Tuition and fees
	2. Books/training materials
	3. Travel expenses associated with the program
	4. Any other costs associated with the program

*Please refer to the flyer for additional items you need to include*

*for a complete application. Thank you.*