



Wallowa County Health Care District

SCHOLARSHIP APPLICATION

Name: _____

Mailing Address: _____

Street Address (if different): _____

Phone: _____ Email: _____

Are you 18 years of age or older? Yes No

Are you authorized to work/attend school in the US with or without sponsorship? Yes No

INSTRUCTIONS:

- 1) Please complete entire application.
- 2) Provide a copy of your resume and/or complete a WCHCD application for employment.
- 3) Provide a copy of your college transcripts with GPA if available.
- 4) Provide at least two letters of recommendation with at least one being professional or academic.
- 5) Applicant Essay – 250 - 500 words minimum; including at minimum the following:

Please tell us about yourself.

Please list the community organizations to which you belong

How have you contributed to your community?

What are your academic/career goals?

How will this scholarship help you?

By signing below, I certify all information provided in this application is true and accurate to the best of my knowledge. I agree to uphold the mission, purpose and policies of Wallowa County Health Care District. I also agree to attend basic orientation and regular in-service education as needed.

Offers of association with WCHCD through employment, volunteerism, job shadowing, etc. are contingent upon satisfactorily completing the application process and successful completion of a drug screen and background check. WCHCD is an alcohol and drug-free workplace and as such we follow Federal guidelines regarding prohibited substances, even for those legal at the State level.

Wallowa County Health Care District (WCHCD), DBA Wallowa Memorial Hospital and Medical Clinics is an equal opportunity employer. The District does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status, physical or mental disability, arrest record, or any other classification protected under state or federal law.

Signature: _____

Date: _____