

Scholarship Application 2022

*Must be in the Foundation office by June 2, 2022; drop off to Foundation office or mail:*

*WVHCF, PO Box 53, Enterprise OR 97828*

Please indicate the scholarship you are applying for

**Gwen and Gladys Coffin Memorial Scholarship, $2,000**

**Edgar and Frances Boyd** **Burbridge Scholarship, $2,000**

**Gail Swart Memorial Scholarship, $1,000**

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 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.*