

Scholarship Application 2024

*Must be in the Foundation office by June 3, 2024; 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?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please answer the following questions on a separate piece of paper.

1. Describe in a one-page essay your career goal related to this training/education, and how it will help improve or expand health care service in Wallowa County
2. Attach a 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
3. Two letters of recommendation, one from your current supervisor; one personal

*For more information, visit* [*www.wchcd.org/scholarship/*](http://www.wchcd.org/scholarship/)*, or call the Foundation at 541.426.1913. Incomplete applications will be automatically disqualified.*

*Thank you for applying!*