

Scholarship Application 2025

*Must be in the Foundation office by June 2, 2025; 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. 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

*Incomplete applications will be automatically disqualified.*

*Thank you for applying!*