



Wallowa County Health Care District

SCHOLARSHIP APPLICATION

Name: _____ Preferred Name: _____

Mailing Address: _____

Street Address (if different): _____

Phone: _____ Email: _____

ELIGIBILITY REQUIREMENTS:

- Must be a resident of Wallowa County,
- Must be willing to meet with scholarship selection committee if requested, and
- Must be admitted or attending an accredited institution for higher education such as a trade school, community college, college, or university.
- Preference will be given to individuals pursuing education related to healthcare.

INSTRUCTIONS:

- 1) Please complete entire application.
- 2) Provide a copy of your resume.
- 3) Provide a copy of your 7th semester transcripts with GPA.
- 4) Provide at least two letters of recommendation with at least one being professional or academic.
- 5) Applicant Essay: 1,000 words minimum; including at minimum the following:
Tell us about yourself, including any community organizations to which you belong.
What are your academic and career goals and how will this scholarship help you?

Wallowa Memorial Hospital and Medical Clinics prides itself on being a leader in our community and is committed to its well-being. In that context, please also answer the following questions in your essay.

How would you define leadership in the context of achieving a common goal?
 What qualities do you believe are most important for effective leadership, and why?
 Can you describe a situation where you witnessed strong leadership? What impressed you about it?

By signing below, I certify all information provided in this application is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Completed applications must be received by the WCHCD Human Resources Department no later than April 6th. Scholarships will be awarded no later than May 4th.

For questions or assistance, please stop by or contact the Human Resources Department at 541.426.5415.