WILLAMETTE VALLEY MEDICAL CENTER VOLUNTEERS
HEALTHCARE EDUCATION AWARD INFORMATION

1. All completed applications will be screened by all Healthcare Education Committee (HEA) members and a list will be selected for possible interviews. If needed, interviews will be held in April or May.

2. The awards will be issued to the best qualified students who are pursuing a career in healthcare. Each year the committee will determine the number of awards to be granted and the amount of those awards.

3. High school students must have a minimum GPA of 3.5 and college students are required to have a minimum GPA of 3.3 when applying for an award.

4. The DUE DATE of the completed application is April 17th.

5. The criteria used to select the semi-finalists will include academic record, personal character, school and community activities, service-mindedness, financial need, the sincere interest of the candidate to pursue further education, and the applicant's essay.

6. Proof of acceptance to an accredited college, university or vocational school must be sent to the HEA committee chairperson, no later than August 4th, at HEAWVMC@gmail.com

7. Upon verification of the student's acceptance to a college, university or vocational school, payment will be made to the student's designated educational facility. Awards offered, but not applied to tuition of the year during which the award was granted, will be withdrawn.

8. Recipients will be selected without regard to affiliation/relationship to Willamette Valley Medical Center or members of the WVMC Volunteers.

9. All applicants will receive a letter notifying them of their acceptance or denial of a Healthcare Education Award by early June.

WVMC VOLUNTEERS HEALTHCARE EDUCATION AWARD GUIDELINES

The Willamette Valley Medical Center Volunteers offer financial awards for continuing education in a health field career. This award is to assist persons wishing to train for a healthcare occupation or to continue their education in a chosen healthcare field.

This financial assistance will be given primarily to supplement the student's own self-help and will be awarded on consideration of the applicant's financial need, personal character, school and community activities, the sincere interest of the student to pursue further education and academic status.

A. ELIGIBILITY

1. Applicant must be a US Citizen with residence in Yamhill County, including Willamina residents.

2. Any person accepted into or currently enrolled in the professional curriculum for any of the health professions is eligible.

3. The institution to be attended must be accredited or recognized as an approved program by the Health Education Award Committee.

B. REGULATIONS

1. Healthcare Education awards (HEA) will be offered annually and in amounts as funds are available.

2. You must show proof of enrollment to the institution to which you have been admitted and your student ID# no later than August 4th. Checks will be issued directly to the institution.

3. You must attach your most recent transcript to your application. It does not have to be an official copy.

5. Should any person receiving this award drop out of school while the award is in effect, such award must be returned on a pro-rated basis.

6. Application forms must be completed and received by the due date listed.

7. A letter will be sent to all recipients in early June, notifying them of the amount of the HEA awarded for the academic year.

8. If no award is granted, a letter of denial will be sent.

WVMC Volunteers Healthcare Education Award

Student Application

Please type or print using blue or black ink. Read carefully and complete all blanks. Use N/A for blanks not pertaining to your situation.

1. Applicant's Name:_____

2. Birth Date:_____ Current Grade in School: _____

3. Home Phone: _____ Cell Phone: _____

4. E-mail address: _____

5. Home address: _____

_____

6. Proposed major field of study: _____

7. Intended medical profession: _____

8. Have you applied to an accredited college, university or vocational school?

Yes_____ No____

9. Have you been accepted by an accredited college, university or vocational school? Yes ____ No ____

If yes, state your Student ID #: _____

Name and address of college business office to accept scholarship funds:

_____

_____

10. Are you planning to attend the full academic school year?

Yes____ No____ If no, please explain:

11. Are you a current volunteer in the medical field? Yes____ No_____

12. What additional personal information and facts are pertinent to your application that you feel are important for the HEA Committee to know?

FINANCIAL INFORMATION: DO NOT LEAVE ANY BLANKS

SCHOOL YEAR BUDGET

Expected Family Contribution (EFC) listed on your FAFSA $_____

STUDENT'S ESTIMATED INCOME $ _____

STUDENT'S ESTIMATED EXPENSES $ _____

Applicant's cash and savings: _____ Tuition and fees: _____

Expected earnings: _____ Room and board: _____

Other contributions: _____ Books and supplies: _____

Other educational expenses: (specify) _____

Work study/Campus Employment: _____

Scholarships received: _____

Grants received: _____

Other expected income: (give details) _____

_____

_____

Additional income needed to balance your budget: _____

Are you planning to borrow money for next year? _____

If yes, how much? From whom?

_____

_____

I HEREBY CERTIFY THAT:

1. I plan to be a student as established by the college or school.

2. I promise to promptly inform the HEA Committee of any significant changes in the information I have submitted as a part of this application.

3. The information contained in this application is true and correct to the best of my knowledge.

I have read this application and hereby certify that the information is correct and is submitted with my approval.

Signature of Applicant **Date**

_____

Signature of parent or guardian **Date**

The Healthcare Education Award recipients will be selected without regard to race, color, religion, national origin, sex, or handicaps.

APPLICATION MUST BE RECEIVED BY April 17th.

MAIL TO: **WVMC Volunteers - HEA Chairperson**

2700 SE Stratus Avenue

McMinnville, OR 97128

OR EMAIL TO: **HEAWVMC@gmail.com**

WILLAMETTE VALLEY MEDICAL CENTER VOLUNTEERS
2700 SE Stratus Avenue
McMinnville, Oregon 97128

HEALTHCARE EDUCATION AWARD AGREEMENT

I agree that if awarded a Healthcare Education Award from the Willamette Valley Medical Center Volunteers, I will notify the HEA Committee of any of the following:

1. Change of name

2. Change of address

3. Decision to opt out of a healthcare profession major

4. My Student ID# from the college, university or vocational school I am attending

I understand that failure to fulfill the agreement requirements may prevent me from being considered for a Healthcare Education Award next year.

I understand that the award is to be returned on a pro rata basis in the event of cessation of the educational pursuit for which the award was given.

_____ _____

Signature of Applicant **Date**

Please sign and return this form with your application.

WRITTEN ESSAY

Your attached essay should include a minimum of five (5) points from the list below. Be sure it is in a proper essay form, complete with an introduction, body and conclusion.

- **Explain why you have selected your chosen healthcare field**
- **Your personal character and talents**
- **Work experience you were required to do or were paid to do; include company's/ organization's name and dates involved**
- **Training -- seminars, continuing education, etc.**
- **Volunteer work – jobs you were not required to do and were not paid for; list the year**
- **Qualities you possess to be successful in this field**
- **Skills needed to achieve your ultimate goal**
- **Clubs, offices, leadership positions you have held in school, work or community with appropriate years listed**
- **School sports and other team or group activities**
- **Honors, awards, recognition and/or personal accomplishments**

Reminder: Please enclose your most recent transcripts