March 3, 2025

Dear Scholarship Applicant:

Enclosed is the application form for the **2025 Good Samaritan Regional Medical Center Auxiliary Virginia Welch Scholarship**. Each year the Good Samaritan Regional Medical Center Auxiliary awards scholarships to students who plan to pursue a career in a healthcare related field within a hospital setting. **In the evaluation process by the Scholarship Committee, consideration will be given to the following areas:**

Quality of the application (including application form, resume/personal statement)
Quality of references
GPA
Volunteer work/paid employment
Financial need
Choice of health field

The cover page attached to the application provides a checklist for you to use to ensure that your application is complete before you send it to us. Only completed applications will be considered.

The postmark deadline for the completed application is **April 11, 2025.** Be sure that the references are enclosed with your application; they may be placed in a sealed envelope by the person who has written the reference for you.

If you have any questions, please contact the Volunteer Services Department at 541-768-5083, or email gsrmcvolunteerservices@samhealth.org.

Sincerely,

Scholarship Committee
Good Samaritan Regional Medical Center Auxiliary

Volunteer Services Department
Good Samaritan Regional Medical Center

Dear Scholarship Applicant:

The Good Samaritan Regional Medical Center Auxiliary offers scholarships to students to pursue studies in healthcare related professions. The money granted is to be used to defray tuition, fees and textbook expenses.

The following documents must be completed and included with your application. Please submit the application typed or legibly written in black ink.

1._____ Good Samaritan Regional Medical Center Virginia Welch Scholarship Form.

2._____ Your most current high school or college academic transcript (unofficial transcript accepted, official preferred).

3._____ Resume which includes a description of work/volunteer experience, your community service; a short narrative of your career aspirations and plans; and any awards or honors.

4._____ Three current 2025 references on the forms provided from persons other than your family, preferably a school counselor or principal, teachers, employers, or volunteer supervisors.

5._____ Proper signatures are required where indicated.

Please send the completed application packet, including all of the above-noted documents, to:

Postal mail:

Volunteer Services Department
Good Samaritan Regional Medical Center
3600 NW Samaritan Drive
Corvallis, OR 97330

Or email:

gsrmcvolunteerservices@samhealth.org

The completed application must be postmarked on or before the deadline of **April 11, 2025,** to be considered by the committee.

Sincerely,

Scholarship Committee Volunteer Services Department

GOOD SAMARITAN REGIONAL MEDICAL CENTER AUXILIARY
VIRGINIA WELCH SCHOLARSHIP APPLICATION

3600 NW SAMARITAN DRIVE
CORVALLIS, OREGON 97330

Legal Name In Full_____
First *Middle* *Last*

Address_____

City_____ State _____Zip_____

Telephone Numbers: Home_____Work_____Cell_____

Birthdate _____Single _____Married _____

School Now Attending (Name/Address) _____
School Attending for coming year, if different (Name/Address)
_____

Are you currently enrolled in a healthcare related program? Yes ☐ No ☐
If yes, please name: _____

What is your class status for the coming year?
Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate Level ☐

Do you plan to work while attending school? Yes ☐ No ☐
If yes, approximately how many hours per week? _____ Hours

Please list your employment experience and significant volunteer work:

Employment:	From	To
_____	_____	_____
_____	_____	_____
_____	_____	_____

Volunteer Experience:

_____	_____	_____
_____	_____	_____
_____	_____	_____

DEPENDENT STUDENTS FINANCIAL INFORMATION:

(To be completed by applicants who are claimed as a dependent by their parents for tax reporting purposes.)

Father's Full Name _____
Address _____
Home Phone _____ Work Phone_____
Employer _____

Mother's Full Name _____
Address _____
Home Phone _____ Work Phone_____
Employer _____

How many children besides yourself are dependent on your parents for their support? _____
Ages : _____
How many will be attending college this year? _____

Your
Occupation_____
Employer_____

INDEPENDENT STUDENTS FINANCIAL INFORMATION:

(*To be completed by those applicants who are totally independent or who are supported wholly or in part by the earnings of another in their independent household.)*

Number of Dependents _____ Ages of Dependents_____

Household Income/Earnings_____
Source _____
Source _____

Your Occupation _____
Employer _____

OTHER FUNDING SOURCES:

Other scholarships/grants for which you have applied for the 2025-2026 school year:

Name	Amount	Granted (Y, N, Pending)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever received a Good Samaritan Regional Medical Center Auxiliary Virginia Welch Scholarship?
Yes ☐ No ☐ If yes, what year(s): _____

Please list any loans you have incurred for educational expenses, i.e., student loans:

Lender	Amount
_____	_____
_____	_____
_____	_____

FINANCIAL DATA:

Projected Expenses for the 2025-2026 School Year:

$_____	Tuition
$_____	Books and School Supplies
$_____	Housing and Food (including rent or house payments, utilities, phone, household expenses)
$_____	Transportation (including car payments, insurance, repair/gas estimates, commuting/bus costs)
$_____	Medical/Dental Expenses not Covered by Insurance
$_____	Day Care
$_____	Miscellaneous (clothing, laundry, entertainment, personal supplies, etc.)
$_____	**Total Expenses**

Projected Funds Available:
(These are sources of funds available which you expect to receive towards your educational needs during the school year 2025-2026)

$_____	Household Income funds available to student
$_____	Savings
$_____	Parents (if applicable)
$_____	GI or Social Security Benefits
$_____	Public Assistance (ADC, Welfare)
$_____	Financial Aid or Scholarships/Grants
$_____	Other (please describe)_____
$_____	**Total Income**

I have completed all application and financial information. I understand any incomplete or false documentation eliminates my consideration as a scholarship applicant.

_____ _____
Signature of Applicant Date

GOOD SAMARITAN REGIONAL MEDICAL CENTER AUXILIARY
3600 NW SAMARITAN DRIVE
CORVALLIS, OR 97330

VIRGINIA WELCH
SCHOLARSHIP REFERENCE FORM

Name of Applicant: _____

The applicant has requested you to write a reference for a scholarship application. Applicants are evaluated on quality of application, quality of references, GPA, volunteer work/paid employment, financial need and choice of health field. The information you contribute is extremely important in the Scholarship Committee's decision. Please check the areas which you feel comfortable commenting upon.

The applicant must include this completed reference form with their scholarship application. Please provide it to the applicant prior to the deadline of **April 11, 2025.**

Thank you for your assistance.

Please complete the following:

		Above Average	Average	Below Average
1.	Emotional maturity	_____	_____	_____
2.	Work habits	_____	_____	_____
3.	Responsibility	_____	_____	_____
4.	Interaction	_____	_____	_____
5.	Leadership	_____	_____	_____
6.	Academic performance	_____	_____	_____
7.	Other: _____			
	_____			

Please share any additional information that will support your evaluation of the applicant:
(Do not use reverse side of paper; please use additional paper if needed.)

_____ _____
Signature Date

Name (Print) _____

Position: _____
Address: _____
_____

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	_____			

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Position: _____
Address: _____
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