



GOOD SHEPHERD  
COMMUNITY HEALTH  
FOUNDATION

*The Mission of the Good Shepherd Community Health Foundation is to enhance the quality of life and general health of residents living in the West Umatilla and Morrow County communities. Resources are provided to worthy projects and individuals best illustrating Foundation ideals and fulfilling the health needs of our designated region.*

Dear Scholarship Applicant,

Thank you for your interest in the Good Shepherd Community Health Foundation Scholarship Award. As our Mission Statement indicates, we are here to “enhance the quality of life and general health of residents living in the West Umatilla and Morrow County communities.” Assisting those who are pursuing degrees or certification in health-related professions will definitely help to meet that fundamental goal. **This scholarship is reserved for students from our service area** in hopes of educating and providing career opportunities for local health care professionals.

The Good Shepherd Community Health Foundation Scholarship Award is based on merit, rather than financial need. To be considered as a scholarship recipient you must have completed at least one year of study towards your chosen area by the time the scholarship is awarded in June 2017.

***APPLICANTS ARE ASKED TO COMPLETE AND FULFILL THE FOLLOWING CRITERIA:***

1. **APPLICATION FORM**
2. **COPY OF YOUR MOST CURRENT TRANSCRIPT**
3. **PROVIDE VERIFICATION OF FUTURE COURSES** with a study plan signed by your advisor or an itemized pre-registration receipt.
4. **ESSAY:** Write an essay that integrates the following topics:
  - a. What medical profession you wish to pursue.
  - b. Where you would want to practice as a medical professional.
  - c. How you might call on any of the following Good Shepherd Health Care System values, while practicing your intended medical profession:
    - i. Quality
    - ii. Compassion
    - iii. Courtesy
    - iv. Efficiency
5. **THREE LETTERS OF RECOMMENDATION**

6. **PHOTO:** Please include a head and shoulders photograph of yourself. With your permission, the photo will be included with press releases sent to the media announcing award recipients. It may also be used in our own community report publication.

***INSTRUCTIONS FOR ESSAY AND ACCOMPANYING DOCUMENTS***

**Technical requirements for the essay:**

1. Type written
2. Two pages
3. Double spaced
4. Paper clipped (no staples please)

**Place the following in a 9" x 12" envelope:**

1. Completed Scholarship Application Form
2. Transcripts
3. Verification of future courses and signed study plan
4. Essay
5. Letters of recommendation
6. Photograph

**Mail or deliver your scholarship packets to the following address:**

**Good Shepherd Community Health Foundation  
C/O Bob Green  
620 NW Eleventh Street, Suite 101  
Hermiston, OR 97838**

*Packets must be received by February 28, 2017.*

***IF YOU HAVE QUESTIONS, PLEASE CALL 541-667-3419.***



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COLLEGE STUDENT SCHOLARSHIP APPLICATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Are you a previous GSCHF scholarship recipient? \_\_\_yes \_\_\_no

E-mail address: \_\_\_\_\_

Course of Study or Health Care degree you are pursuing: \_\_\_\_\_

Have you been accepted into your medical education program? \_\_\_\_\_

Name of school and address you are currently attending or will attend and anticipated completion date:

\_\_\_\_\_

How many terms or semesters will you have completed by June of this year? \_\_\_\_\_

Current G.P.A. \_\_\_\_\_

Current degree or certifications you have already obtained: \_\_\_\_\_

\_\_\_\_\_

Do you agree to have your name and photo submitted for publication \_\_\_Yes \_\_\_No

**Please note criteria described on preceding pages.**

I affirm that all statements on this scholarship application are true, complete and correct. I authorize the use of my photo and the investigation of all matters that the Good Shepherd Community Health Foundation deems relevant to my application, including all statements made in this application, and any attachments or supporting documents. I authorize you to request and receive such information and release GSCH Foundation from all liability that might result from making such an investigation.

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_