

**Silverton Health Auxiliary  
Medical Career Scholarship Application**

January 1, 2018

Dear Applicant:

The **Silverton Health Auxiliary** offers scholarships to qualified students who have chosen a medically related career. To qualify for these scholarships the applicant must:

- Be a student, preparing for a medical career at an accredited institution of higher education or have been accepted for fall admission by a college or university.
- Enclose a **transcript** of grades from high school or college.
- Enclose a **written recommendation** from the applicant's high school or college advisor (teacher's or professor's letter will be accepted.)
- Enclose a **written recommendation** from an individual who knows the applicant through his/her extra-curricular activities. Employer, coach (music, speech, sports), volunteer coordinator are acceptable.
- **Complete the attached application.**
- **Write a one-page essay** explaining your reasons for choosing your particular medical field of study.
- **Answer the enclosed questions on a separate piece of paper.**

Application and all supporting documents must be in the scholarship chairman's hands by 5 p.m. on February 23, 2018. Scholarship recipients will be notified by mail. Thank you.

Silverton Health Auxiliary  
Scholarship Committee Chairman  
Barbara Guenther  
503.873.7241

**Silverton Health Auxiliary  
Medical Career Scholarship Application**

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

Parents or Guardians: \_\_\_\_\_

Home Address (mailing): \_\_\_\_\_

College Address (if applicable): \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ College Phone Number: \_\_\_\_\_

Medical field I plan on entering: \_\_\_\_\_

High School classes I have taken which will help me attain my goal: \_\_\_\_\_

\_\_\_\_\_

College I am or will be attending: \_\_\_\_\_

High School cumulative GPA: \_\_\_\_\_ College: \_\_\_\_\_

Past and Present  
Employment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

School Activities: \_\_\_\_\_

\_\_\_\_\_

Community Activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated Annual Expense: \_\_\_\_\_

Have you ever received a scholarship from the Silverton Health Auxiliary? \_\_\_\_\_

Name of your primary care physician: \_\_\_\_\_

Please return to:  
Silverton Health Auxiliary c/o Scholarship Committee PO Box 573 Silverton, OR 97381

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**Please answer the following questions:**

1. Who has made an impact on your life and why are you grateful, or not?
2. Name one positive and one challenging aspect of this career.
3. What schools did you consider? Why did you choose the one you did?
4. How do you plan to pay for your education?
5. In your schooling thus far, what class has surprised you?
6. Best made plans go awry. What is your plan B?