

**Legacy Silverton Health Auxiliary
Medical Career Scholarship Application**

January 1, 2019

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 22, 2019. Scholarship recipients will be notified by mail. Thank you.

Silverton Health Auxiliary
Scholarship Committee Chairman
Barbara Guenther
503.873.7241

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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?

Silverton Health Auxiliary
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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 342 Fairview St Silverton, OR 97381