

**RETURNING RECIPIENT HEALTHCARE EDUCATION AWARD
APPLICATION INFORMATION SHEET**

1. All completed applications will be screened by all Healthcare Education Committee (HEA) members. Return recipient applicant will not need to be interviewed.
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. College students are required to have a minimum GPA of 3.3 for renewal of this award.
4. The DUE DATE of this year's completed application is April 17th.
5. The criteria used to select the recipients 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 (*if transferring to another college, university or vocational school*) must be sent to the committee chairperson, no later than August 4th, at HEAWVMC@gmail.com.
7. 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 Awards offered, but not applied to tuition of the year during which the award was granted, will be withdrawn.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 and/or registration for the academic school year 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.
4. 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.
5. Application forms must be completed and received by the due date listed.
6. A letter will be sent to all recipients in early June, notifying them as to the amount of the HEA for the coming academic year.
7. If no award is granted, a letter of denial will be sent.

12. Please provide any update to your career goals, training, experiences or other information pertinent to your application that you feel are important for the HEA Committee to know?

I HEREBY CERTIFY THAT:

1. I plan to be a student as established by the university, 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.

| | |
|------------------------|------|
| Signature of applicant | 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.

Please send an unofficial copy of your most current transcript.