



LEGACY MERIDIAN PARK MEDICAL CENTER IRENE STEPHENSON HIGH SCHOOL SCHOLARSHIP ENDOWMENT

The Irene Stephenson High School Scholarship Endowment was set up in 1981 to memorialize Ms. Stephenson, a long-time volunteer in the Legacy Meridian Park Medical Center's (the Center) Gift Shop. The endowment was established under the Meridian Park Foundation, the Hospital's philanthropic support organization. Funds to support this endowment are raised through general and memorial gifts and investment of the principal.

Scholarships in the amount of two-thousand dollars (\$2,000) each will be awarded by the Center's Volunteers to UP TO six graduating high school seniors attending a school in the Center's geographical service area: Canby, Lake Oswego, Lakeridge, Newberg, North Marion, Oregon City, Sherwood, Tualatin, Tigard, West Linn, Wilsonville or Woodburn. Applicants must have intentions to pursue a health care career. Preferences in scholarship awards will be given to students who have performed volunteer work for any hospital which is part of Legacy Health or for some other health care system.

Scholarship awards will be announced at the student's end-of-year high school awards program. In the event the school does not hold a formal awards program, the scholarship will be presented to the winning student(s) privately by a member of their school administration.

Please forward the attached, completed application form to:

Irene Stephenson High School Scholarship Committee
Volunteer Office
Legacy Meridian Park Medical Center
19300 SW 65th Avenue
Tualatin, OR 97062

Your application should be postmarked no later than APRIL 4, 2025. Applications will be disqualified if postmarked after the above date and if any requested item is missing.

If you have any questions about the scholarship program, please contact Brandi Porter, in Volunteer Services, at 503-692-2270 or brporter@lhs.org.

Checklist to review before mailing your application:

1. Completed and signed application form
2. Description of career aspirations
3. Two letters of reference (one to be from your guidance counselor; the other from an adult of your choice)
4. Official high school transcript (Sealed)



IRENE STEPHENSON HIGH SCHOOL SCHOLARSHIP ENDOWMENT APPLICATION - 2025

Please print or type:

1. Name: _____
(Last) (First) (Middle)

2. Street Address: _____

(City) (State) (Zip Code)

3. Home Telephone Number: _____

4. Expected Year of High School Graduation: _____

5. Do you currently or have you ever worked as a volunteer at the Meridian Park Medical Center? Yes _____ No _____ If applicable, what years did you serve and in what area(s) of the Medical Center did you volunteer? _____

6. Do you now or have you ever worked as a volunteer at another health care or veterinary facility?

Yes _____ No _____ If applicable, what other health care facility/facilities have you supported? _____

7. Do you have a family member who is employed by the Meridian Park Medical Center?

Yes _____ No _____ If applicable, what is the relationship of that family member to you? _____

Employee name _____

14. Please list any community volunteer activities in which you have been engaged in the past 12 months and approximate number of hours devoted to each activity.

Activity	Hours
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

15. Please provide written references from two people; one reference should come from your school counselor and the second from one other adult of your choice.

16. Please provide an official, sealed transcript of your high school grades (this should include grades for the first semester of this year).

17. Have you received any other scholarship money? _____ Amount granted: _____

Note:

I understand that I am under obligation to return the full amount of my scholarship if, during my first year of continuing education, I change my course of study to something other than a health care field or terminate my educational program. I shall return any monies awarded to me under the Irene Stephenson High School Scholarship Endowment to the Legacy Meridian Park Medical Center.

When my choice of school for on-going education has been finalized, I shall contact Volunteer Services with the following information so that scholarship funds can be mailed directly to the school of my choice:

1. Name and address of the school
2. Name of person assigned as official school contact
3. Student number assigned to me by the school

Signature: _____ Date: _____

***Please review the checklist on the cover page for required documentation before submitting your application.**