****

**Health Care Professional Scholarship**

**Meridian Park Medical Foundation**

Meridian Park Medical Center Foundation’s Health Care Professional Scholarship supports continuing education in health care for individuals employed at Legacy Meridian Park Medical Center. This scholarship is offered as an investment in the professional growth of Meridian Park employees, with a goal of providing the highest quality medical care to our local community. Annual scholarships will be awarded for tuition on a competitive basis to one or more qualified candidates. Scholarship award payments are made directly to the educational institution.

|  |  |  |  |
| --- | --- | --- | --- |
| ***Amount of Award:*** | $5,000\* | ***Submission Deadline:*** | March 31, 2025 |
|  |  | ***Recipients Notified By:*** | June 2025 |
|  |  | ***Awards Checks Mailed:*** | July/August 2025 |

*\* The committee anticipates granting $5,000 one-time scholarships. However, the committee reserves the right to award scholarships at any level, up to the Foundation approved guideline.*

**Eligibility**

Candidates must meet the following criteria to apply:

* Current employee of Legacy Meridian Park Medical Center.
* Accepted to/enrolled in a program leading to a degree that would build your professional career in health care.
* Demonstrate a commitment to serving Legacy Meridian Park’s patients and community.
* All clinical programs are eligible and encouraged to apply.
* Students may reapply for following years.

Applications will be judged on the following criteria:

* Quality and presentation of the application.
* Completeness of answers to all questions.
* Overall demonstration of commitment to our hospital and community.

**Finalists will be asked to participate in an interview on May 8, 2025**. Candidates selected for an interview will be notified approximately two weeks prior to this date.

**2025 Health Care Professional Scholarship Application**

**Meridian Park Medical Foundation**

Applicants must submit the following items for evaluation by the selection committee preferably via email to Kristine Krause, [kkrause@lhs.org](mailto:kkrause@lhs.org), or mail to Kristine Krause, The Office of Philanthropy, PO Box 4484, Portland, OR 97208, with the subject line “MPMF Health Care Professional Scholarship”, received no later than 5pm on **March 31, 2025**.

1. Personal Statement of Financial Status
2. Short Answer Essay Questions
3. College Transcript for GPA, if currently enrolled
4. One Professional Reference Letter

**Candidates must type their application using this form to be considered.**

Name

Address

Street City State Zip

Phone Email

Hospital department of employment

Position Title Supervisor Name

Are you full time or part time? Please list your FTE status:

Length of employment with Legacy Meridian Park Medical Center

Length of employment with Legacy Health\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last completed degree

Name of educational institute funds are requested for

Program Name Cumulative GPA (if currently enrolled)

University Mailing Address:

City, State, Zip:

Student ID #: Term Start Date:

When did/will you start this program?

When do you expect to complete your degree?

**Personal Statement of Financial Status:**

|  |  |
| --- | --- |
| Number of credit hours you plan to take Fall 2025 through Summer 2026: |  |
| Tuition cost per credit hour: | x $ |
| Expected total Fall 2025-Summer 2026 tuition cost: | $ |
| Expected LEAP reimbursement for these terms: | - $ |
| Other scholarships or tuition assistance expected? | - $ |
| **Remaining balance:** | **= $** |

Please provide a brief statement generalizing your financial status. Consider how you plan to finance your education. If applicable, include details about your family's financial situation such as the number of family members currently pursuing post-secondary education or other important considerations. Please indicate if you have received other financial aid or scholarships, and from what source.

**Short Essay Questions:** Please provide short answers to each question in about 100 words or less.

1. How will your career goals and this degree further the mission of Legacy Meridian Park Medical Center?

1. Why did you choose to work on this degree?

1. How would this scholarship assist you in obtaining your goals?

**CERTIFICATION**

I hereby certify that all the information provided in and with this application is true and accurate. Further, I certify that my own ideas and work product are set forth in this application.

Applicant’s Signature Date

**Check List**

□ Completed application – signed by applicant and dated

□ College Transcript for GPA, if currently enrolled

□ Professional Reference Letter

Scholarship recipients will be notified in June 2025. Award checks will be mailed directly to the educational institution for tuition in July/August 2025.