



Mary Richards Memorial Scholarship Application

Thank you for your interest in applying for the Southern Coos Health Foundation's Mary Richards Memorial Scholarship program. Money for these scholarships is earned by members of the Hospital Volunteer Corps, primarily through its hospital gift shop endeavors. We are proud that our work is rewarded by helping healthcare workers obtain the education needed to advance in the profession. Please read the following carefully and complete the attached application. If you have any questions, contact Amy Moss Strong at 541-329-1038 or email at amosstrong@southerncoos.org

DEADLINE

All completed applications must be received by **Monday, July 8, 2024, by 5 p.m.**

SUBMISSION

Applicants may submit materials in one of three ways:

1. Mail your application to:

Mary Richards Memorial Scholarship
c/o Southern Coos Health Foundation
900 11th St. SE
Bandon, OR 97411

2. Hand-Deliver your application to the Southern Coos Hospital & Health Center front desk:

Mary Richards Memorial Scholarship
c/o Amy Moss Strong
Southern Coos Health
Foundation 900 11th Street, SE
Bandon, OR 97411

3. **Email your application to:** amosstrong@southerncoos.org.
You may download the application here:
<https://southerncoos.org/mary-richards-memorial-scholarship/>

CRITERIA

To be eligible for a Mary Richards Memorial Scholarship, applicants must fulfill one of the following criteria.

- Applicant is an employee of Southern Coos Health District who wishes to pursue or continue education in a healthcare field and has been accepted into a program.
- Applicant is a child of an employee of Southern Coos Health District who is enrolled in a degree program in a healthcare related discipline.
- Applicant is a member of the Bandon community who is enrolled in at least the second year of post-secondary education in a healthcare related field.

APPLICATION FORMAT

The application consists of the following components:

1. **Application Form**
2. An **Essay** describing your career goals
3. A **Personal Statement** on why you will make a good scholarship recipient
4. **Two statements of Personal Reference.** The two references must be completed by the people you select and submitted in a sealed envelope with your application or mailed independently by the reference.

Applications should be typed. If absolutely necessary to complete by hand, use black ink and print VERY neatly. Staple the pages together and make certain your name appears on each page.

Notes

- Applicants must demonstrate, through work, volunteer experience, or college education, an ongoing interest in pursuing a career in healthcare.
- Preference will be given to employees of Southern Coos Health District and their children.
- Scholarship money will only be awarded to those who continue to work toward completion of their certificate in healthcare. Awards will be paid directly to the school attended. If for any reason you are unable to continue, any unused funds are to be returned to the Mary Richards Memorial Scholarship Fund.

Thank you for your work toward providing quality healthcare, which is vital to the health of our communities.

Southern Coos Health Foundation

MARY RICHARDS MEMORIAL SCHOLARSHIP APPLICATION FORM

PART I: PERSONAL DATA

Name
e Last First Middle

Mailing Address

City , OR Zip Code

Phone email

PART II: OCCUPATIONAL EXPERIENCE

List your present and prior work experience that directly relates to—or may have helped prepare you for—your career goals.
(Attach separate sheet if needed)

Employer

Address

Dates Wage

Responsibilities/duties

Reason for leaving

Employer

Address

Dates Salary

Responsibilities/duties

Reason for leaving

Your Name:

PART III: EDUCATION AND OTHER EXPERIENCE

List any colleges attended and any in which you are currently enrolled. Also list healthcare-related training received outside of college and any certifications completed. Include training you have received that helped you prepare for your career goals.

School	Location	Dates	Field of Study	Graduation Date/Degree

List any scholarships, fellowships, grants or awards for education or training you have previously received:

Source	Amount	Dates

Your Name:

PART IV: GOALS

1. What is your primary career goal?
2. Are you currently enrolled in school? Yes No
 - a. If no, when do you plan to enroll? Date:
3. Name of institution or training program in which you are enrolled/accepted to enroll.
4. Approximate period of study (months/years) needed to accomplish your educational goals: From: To:

Your Name:



PART V: GOALS ESSAY:

Please address the following questions. You may use this form or attach a separate sheet. Please keep essay to 250 words or less. Please use 12 point font.

1. Describe your career goals. What aspect of the healthcare field do you intend to enter?



2. Note any educational achievements. Consider your grade point average, course load, honors earned. Cite examples of accomplishments at work or school that illustrate your ability to meet your Career Goals.



3. After completing your program of study, how will you participate in and contribute to our community?



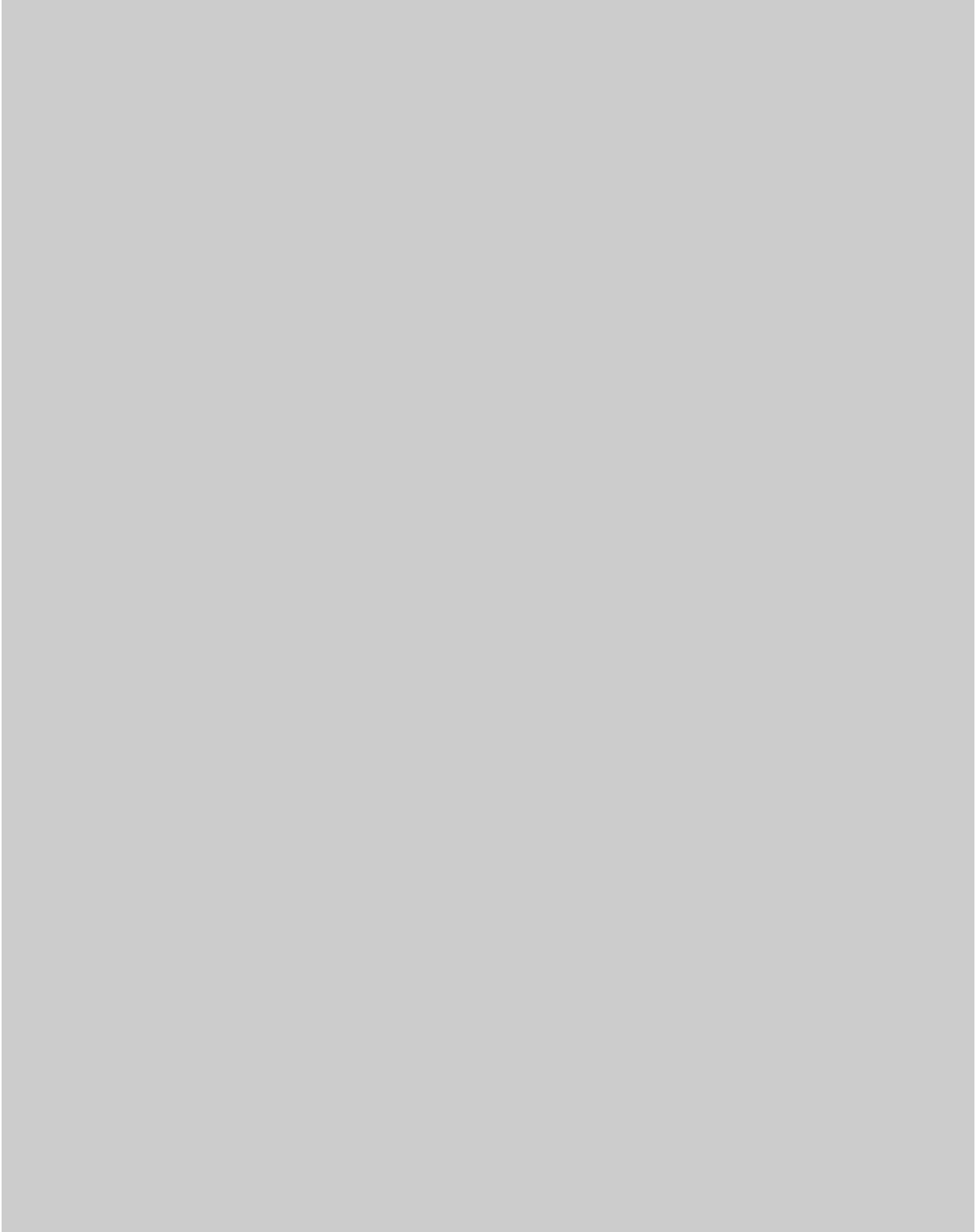
Your Name:

A horizontal grey rectangular box used to redact the applicant's name.

PART VI: PERSONAL STATEMENT

Why do you feel you will make you a good scholarship recipient?

Use the form below or attach a separate sheet.
Please keep statement to 250 words or less)

A large vertical grey rectangular box used to redact the applicant's personal statement.

Your Name:

PART VII: REFERENCES

Using the attached Personal Reference Form, submit **TWO references** from people who are not related to you, along with your completed application. References **MUST** be in sealed envelopes and included with your completed application or mailed directly to Mary Richards Memorial Scholarship, Southern Coos Health Foundation, PO Box 1933, Bandon, OR 97411.

PART VIII: AGREEMENT

I understand that my application and supporting information will become the property of the Southern Coos Health Foundation, and they shall have discretionary authority in all matters pertaining to this award.

**Completed application & references must be received by
5 p.m. Monday, July 8, 2024.**

I understand that this award may be taxable in the United States.

I certify that the information in this application is complete and accurate to the best of my knowledge, and I will notify the Southern Coos Health Foundation if there are any changes.

Awards will be paid directly to the school attended. **Important: Please provide the address and phone number of the school, contact person or department and your student ID number.** If for any reason you are unable to continue, any unused funds are to be returned to the Mary Richard Memorial Scholarship Fund.

Signature of Applicant

Date

PERSONAL, EDUCATIONAL OR PROFESSIONAL REFERENCE COVER SHEET

Name of Applicant: [Redacted]

Reference's

Information: [Redacted] [Redacted]

Name

Date

How long have you known Applicant? [Redacted]

What is your relationship to Applicant? [Redacted]

Please write a brief one-page letter addressing the conduct, adaptability, motivation and strength of Applicant.

Please return the cover sheet and reference letter to the applicant in a sealed envelope or mail it directly to:

**Mary Richards Memorial Scholarship c/o
Southern Coos Health Foundation PO Box 1933
Bandon, OR 97411**

or Drop off at

**Southern Coos Hospital & Health Center front desk 900 11th Street,
SE Bandon, OR 97411**

**All application materials, including reference letters, must be
turned in by Monday, July 8, 2024, at 5 p.m.**