

**Oregon Medical Education Foundation  
Linn-Benton County Scholarship  
2009-2010 SCHOLARSHIP APPLICATION**

The Oregon Medical Education Foundation invites Linn and Benton County high school seniors seeking a career in medicine or nursing and graduates currently enrolled in an institution of higher learning whose undergraduate or graduate pursuit is a degree in medicine or nursing to apply for the Linn-Benton County Scholarship. The scholarship was developed from an endowment from the Linn and Benton County Medical Societies.

Three scholarships in the amount of \$1,000 each will be awarded for the 2009-2010 school year to 1) a high school senior; 2) a student enrolled in an institution of higher learning whose undergraduate pursuit is a pre-medicine, pre-nursing or nursing degree; and 3) a student currently enrolled in a medical or nursing program.

The deadline for submitting this application and supporting materials is **April 1, 2009**. Scholarship winners will be announced and monies awarded by **May 18, 2009**. Funds may be applied for the 2009-2010 academic year. Please complete those portions of the application that apply to you.

**Personal Information (Please Print/Type)**

Name \_\_\_\_\_  
Permanent Address \_\_\_\_\_ Telephone \_\_\_\_\_  
\_\_\_\_\_

Present Address \_\_\_\_\_ Email Address \_\_\_\_\_  
(If different than \_\_\_\_\_  
permanent address)

Date of Birth \_\_\_\_\_

Academic program currently pursuing or interested in pursuing (*Circle One*)      **Medicine**      **Nursing**

Please indicate at what stage you are in your education \_\_\_\_\_  
(i.e. senior in high school; medical student, etc.)

**Educational Background**

Name of High School \_\_\_\_\_ Graduation Year \_\_\_\_\_  
High School Location (County) \_\_\_\_\_ GPA \_\_\_\_\_

**Undergraduate**

University/College \_\_\_\_\_ Location \_\_\_\_\_  
Graduation Date \_\_\_\_\_ Degree \_\_\_\_\_  
Concentration or Major \_\_\_\_\_ Overall G.P.A. \_\_\_\_\_

**Postgraduate**

University \_\_\_\_\_

Location \_\_\_\_\_

Year/Grade Level in Program \_\_\_\_\_

Graduation Date \_\_\_\_\_

Degree(s) and Year Achieved \_\_\_\_\_

M-CAT Scores \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Along with this application, please submit the following materials:

1. Official academic transcript from your high school in Linn or Benton County
2. Official academic transcript(s) from all subsequent institutions of higher education (if apply)
3. Letter of recommendation from current academic advisor
4. A one-page essay describing why you are interested in a career in nursing or medicine
5. List of all school and community service activities

Please send all application materials by **April 1, 2009** to:

**Oregon Medical Education Foundation**  
**Attn: Pat Webster**  
**11740 SW 68<sup>th</sup> Parkway Ste 100**  
**Portland, OR 97223**  
**Ph: 503-619-8000**  
**Fax: 503-619-0609**