

North Lincoln Hospital Foundation Mary Decker Healthcare Education Scholarship Application

Please complete all areas of this application.

Last Name: _____ First Name: _____ MI: _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____ email: _____

School term(s) you are applying for: _____ Expected Graduation Date: _____

Degree(s) you are seeking: _____

College or University you are/will be attending	Semester Enrolled	Degree

How many years are you planning to attend classes? 1 __ 2 __ 3 __ 4 __ 5+ __

Have you applied for financial aid? Y __ N __ (If yes, please submit a copy of financial aid award letter.)

A letter of recommendation may be included, but should be from someone who knows you well and is able to speak to your strengths, weaknesses, and goals.

Only completed applications will be considered. Please re-apply if you intend to be considered for a period longer than the current calendar year. NLHF committee members will select the awardees. Recipients will be notified in writing when an award is made to them. Awards will be limited to available funds. The North Lincoln Hospital Foundation serves North Lincoln and South Tillamook Counties, and Samaritan North Lincoln Hospital. Scholarships will be paid directly to the educational institution you are attending.

Applications are due March 15, 2022. Return applications to Leslie James at lejames@samhealth.org

or

North Lincoln Hospital Foundation
3010 NE 28th St.
Lincoln City OR 97367

College or University	Dates Attended	Degree Earned

College GPA: _____ Credits Earned: _____

***All applicants must attach a copy of transcripts.**

Trade School/Professional Certification Programs	Dates Attended	Degree Earned

GPA: _____ Credits Earned: _____

School or Professional Activities

Club, Group or Assn. Name	Dates(from/to)	Hours(week/mo)	Offices held, awards or honors, and activities

Volunteer Service

Club, Group or Assn. Name	Dates(from/to)	Hours(week/mo)	Offices held, awards or honors, and activities

Work Experience

Employer Name	Dates(from/to)	Hours(week/mo)	Position and Responsibilities

Financial Obligations

Creditor Name	Balance owed	Monthly pymt	

***All applicants must attach a copy of transcripts.**

