

APPLICATION FOR GOOD SAMARITAN REGIONAL MEDICAL CENTER AUXILIARY

James R. Mol Continuing Education Scholarship

Name _____

SSN and/or Student ID _____

Address _____

Home telephone _____ Cell number _____

Work telephone _____ E-mail address _____

Department of employment _____

Position in department _____

Full time _____ Part Time _____ Hours per week _____

Describe or name class(es) requested _____

Date(s) of class(es) _____ Class fee(s)/Cost of books _____

School or Organization Name/Address to which scholarship should be sent _____

Please write a brief description why this/these class(es) will be beneficial to your work/continuing education

Are you receiving any other GSRMC or SHS educational or auxiliary scholarship? YES NO

If yes, please name: _____

Amount awarded: _____

If awarded a scholarship, may we use your name for Publicity Approval? YES NO

(You will be notified as to acceptance or non-acceptance of this scholarship by a Scholarship Committee Member.)

NOTE: Include a reference from your Department Supervisor with this application.

(Signature)

(Date)

Good Samaritan Regional Medical Center Auxiliary

James R. Mol Continuing Education Scholarship

This is a continuous scholarship fund which is available to regular full time and part time (those working 0.5 FTE or better) status **Good Samaritan Regional Medical Center or Corvallis based Samaritan Health Services Corporate employees only**. Employees who job share to less than 0.5 FTE, Casual and PRN employees are ineligible for this program. It is the purpose of this scholarship to aid employees continuing their education in their respective fields through attendance of appropriate classes.

1. The scholarships will be given throughout the year as funds are available through the Good Samaritan Regional Medical Center Auxiliary for that year. Scholarships of up to half the amount requested or a maximum of \$500.00 may be granted.
2. Applications may be obtained in the Good Samaritan Regional Medical Center Volunteer Services Department and on the intranet under departments, Volunteer Services, and shared documents. Return completed applications to the Volunteer Services office **at least three weeks** prior to the initiation of the proposed classes. Each application must be accompanied by a letter of reference from the applicant's department manager/supervisor.
3. Applications submitted must be complete and thorough. Quality of application will be considered in determining eligibility.
4. The applications will be forwarded to the Good Samaritan Regional Medical Center Auxiliary Scholarship Committee which will then meet and determine which applicant or applicants shall receive scholarships.
5. The Auxiliary Treasurer will remit funds directly to the institution responsible for the class involved. No money will be dispensed directly to the recipient.
6. All classes taken must relate to the department or area of direct interest in which the applicant is employed or involved.
7. An unsuccessful applicant may continue to apply for other classes throughout the year.
8. This scholarship is available to any Good Samaritan Regional Medical Center or Corvallis based Samaritan Health Services Corporate employee without regard to race, color, religion, sex, age, disability, national origin, marital status, family relationship, genetic information, or association with anyone of a particular race, color, sex, national origin, marital status, or religion.