

Julietta A. Pape Scholarship Fund

The Julietta A. Pape Scholarship Fund was established by the Lebanon Community Hospital Foundation and was funded by a generous grant made possible by The Julietta A. Pape Fund of the Lutheran Funds of InFaith Community Foundation. The purpose of the Julietta A. Pape Scholarship Fund is to honor the lifetime contribution to education made by Julietta A. Pape and to assist new students of medicine to also be able to make contributions. The scholarship program is coordinated by the Lebanon Community Hospital Foundation and is designed to help residents of Brownsville, Cascadia, Crabtree, Crawfordsville, Foster, Halsey, Lacombe, Lebanon, Scio, Shedd, Sweet Home, Tangent and Waterloo who are attending medical school.

Applications must be received by April 30. Email completed applications and supporting documents (if applicable) to Lebanon Community Hospital Foundation Executive Director, Brandy O'Bannon at bobannon@samhealth.org

The Samaritan Foundations do not discriminate on the basis of race, color, national origin, sex, disability, age, religion, sexual orientation, gender identity, or any other characteristic protected by law in its scholarship programs and activities. We are committed to providing equal opportunity for all applicants. If you require accommodations or assistance to complete the application process, please contact SHSFoundations@samhealth.org

Scholarship Guidelines:

1. Funds will be disbursed from the Julietta A. Pape Scholarship Fund.
2. A committee of the Lebanon Community Hospital Foundation shall determine the number of annual scholarships based on applicant pool and amount available.
3. The initial year scholarship (2021) will be funded by Principal. Principal is defined as the initial gift plus any additional contributions to the fund less any scholarships paid out from principal. In future years, scholarships will be primarily funded by earnings only. Earnings are defined as income from interest, dividends and realized and unrealized capital gains. If earnings are not available, the scholarship committee has authority to authorize use of the scholarship principal.
4. A three-year moving average method, based on December 31, shall be used for determining the amount available for distribution to help offset the fluctuations in yearly earnings.
5. The Julietta A. Pape Scholarship Committee will determine the amount and number of scholarships awarded on an annual basis based on the amount available.
6. The Julietta A. Pape Scholarship Fund will be managed and accounted for by the LCHF Executive/Finance Committee as a separate fund and be invested according to the investment guidelines. Earnings from this fund shall be Board restricted for Pape Scholarship distributions.
7. Deadline for application is April 30.
8. Funds will be paid directly to recipient's school.
9. Primary consideration will be given to medical students.

Qualifications:

1. Student must have a primary residence in either Brownsville, Cascadia, Crabtree, Crawfordsville, Foster, Halsey, Lacombe, Lebanon, Scio, Shedd, Sweet Home, Tangent or Waterloo. Having a primary residence is defined as:
 - a. Currently living in the community or living there before medical school;
 - b. Having graduated from high school in the community; or
 - c. Having parents who live in the community and lived there before the student entered medical school.

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2. Candidates will be pursuing a degree in the medical field and attending either Oregon Health & Sciences University in Portland, OR at WesternU, COMP-Northwest in Lebanon, OR.
3. Student must annually demonstrate a dependable attitude, responsible performance, and a commitment to the general requirements of the medical profession.
4. Student must be willing to report once a year to the Julietta A. Pape Scholarship Fund Committee on progress of studies and be willing to have a portion of that report used in future solicitation materials.

Scholarship Decisions: The Julietta A. Pape Scholarship committee shall be managed by a representative from the Samaritan Lebanon Community Hospital medical community; a representative from the administration of Samaritan Lebanon Community Hospital; a staff member of the Lebanon Community Hospital Foundation and any other members as designated by this committee.

Check List

- Cover Letter (to include your goals and progress)
- Completed Application
- Annually submit official medical college transcripts, which may be included as a PDF within the application packet or sent directly from the college to the Lebanon Community Hospital Foundation.
- If first year applying for Girod Scholarship, also include prior college transcripts

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Julietta A. Pape Scholarship Application

Applicant Information

Name of Applicant: _____
Student Identification Number: _____ Date of Birth: _____
Telephone: _____ Email Address: _____
Address: _____ City: _____
State: _____ Zip Code: _____
Years living at this address: _____

Parent/Guardian Information

Parents' Names: _____
Parents' Telephone Number: _____
Parents' Address: _____

Residency Information

Address when you lived in East Linn County: _____
Years lived at that address: _____

Geographic Eligibility Explanation

Explain how you meet the scholarship's geographic criteria:

Geographic Criteria: Student must have a primary residence in one of the following communities: Brownsville, Cascadia, Crabtree, Crawfordsville, Foster, Halsey, Lacombe, Lebanon, Scio, Shedd, Sweet Home, Tangent, or Waterloo.

Primary residence is defined as: *(check all that apply)*

- Currently living in the community or living there before medical school
- Having graduated from high school in the community
- Having parents who live in the community and lived there before the student entered medical school

Medical School Information

Check the medical school you are attending and/or have applied to: WesternU, COMP-Northwest (Lebanon, OR) Oregon Health & Science University (Portland, OR)

Have you been accepted? Yes Waiting for notification

Community Service Involvement *(Attach an additional page if needed.)*

Applicant Authorization

I understand that by applying for a scholarship, I give the Pape Scholarship Committee permission to receive and review my transcripts.

Signature: _____ Date: _____