

Nurse Education Scholarship

The Nurse Education Scholarship is intended to provide financial support for the continued education of an individual who desires to further their career in the nursing field. The scholarship's purpose is to support caregivers and Certified Nurse Assistants (CNA) who are pursuing ongoing education. The funds will be sent directly to the college for the student's tuition and other expenses. The scholarship prioritizes applicants who are single parents and individuals who have worked (or are working) as a CNA in the Lebanon, Oregon area. All applicants must complete the application form and submit with at least one recommendation work reference letter. The Nurse Education Scholarship committee may contact applicants for further information or to request an interview.

Applications must be received by May 29. 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

Applicant Information

Name of Applicant: _____

Address: _____

Contact Phone Number: _____

Email Address: _____

Caregiver / CNA Work Experience

Please describe your work experience as a caregiver and/or Certified Nursing Assistant, including dates and locations of employment.

Nursing Career Path

What is the next step in your nursing career? Are you currently enrolled in an accredited nursing program? If yes, list the school and how long you have been enrolled.

Financial Need Statement

Describe why receiving financial support toward your education is important and necessary. (Attach additional narrative if needed.)

Program Information

Certification or Degree Anticipated: _____

Expected Completion Date: _____

Are you a single parent? Yes

Applicant Signature

Signature: _____ **Date:** _____