Summit Pacific Medical Center Employees’ Scholarship Program

The Summit Pacific Medical Center Employees’ Scholarship Program was created in 1993 to encourage and promote students entering the medical field. SPMC Employees continue this program through donations of their personal funds to finance these scholarship awards.

In support of the Summit Pacific Medical Center’s mission of Quality, Access and Compassion, this scholarship has been created to assist deserving high school senior young men and women attending school in East Grays Harbor County to achieve their academic goals in the healthcare field.

Students interested in applying for this scholarship must meet the following criteria:

1. Be entering a medically related field of study in an accredited program.
2. A graduating senior attending a school district in East Grays Harbor County: Elma HS, Montesano HS, East Grays Harbor HS or Olympic Christian Academy of McCleary.
3. Must have a cumulative high school GPA of 3.0 or higher.

Applications must include the following information and items:

1. A completed Summit Pacific Employees’ Scholarship Application.
2. An essay (2-3 pgs.) that clearly defines your educational and career goals as well as why you should be awarded the Summit Pacific Employees scholarship.
3. One letter of recommendation from a current certified teacher or member of school administration.
4. One letter of recommendation from a member of the community, preferably someone not associated with the school and not related to you, who can attest to your character.
5. An official certified copy of your high school transcript.
6. A picture of yourself for publishing if you win this scholarship.

Other Important Information:

1. The scholarship application is due April 30th or the last business day of April by 5 p.m.
2. Employees who are a parent or close relative of any applicant will be recused from the decision-making committee to ensure fair consideration of all applicants.
3. Scholarships will be paid directly to the institution of higher education upon proof of enrollment.
4. Scholarship recipients are encouraged to report their progress and successes to the scholarship committee - Tell us how you’re doing!
5. We also encourage you to consider applying for internships and/or employment opportunities at Summit Pacific Medical Center.
Summit Pacific Employees’ Scholarship Application

Name: ___________________________________________ Phone: ___________________________

Mailing Address: __________________________________________

Name of High School you currently attend: ________________________

Cumulative GPA through first semester of Senior Year: _____________

Name & Address of College/Trade School you plan to attend:

________________________________________________________________________

________________________________________________________________________

List any special awards or recognitions you have received: ____________________________________

________________________________________________________________________

List any extracurricular and/or community service activities: ________________________________

________________________________________________________________________

________________________________________________________________________

Describe your previous work experience, either paid or unpaid, and explain how the experience will help you meet your future goals: _____________________________________________

________________________________________________________________________

________________________________________________________________________

How do you intend to finance your education: ____________________________________________

________________________________________________________________________

________________________________________________________________________
**Required Essay:**

Please provide a 2-3 page typed, double spaced essay. Essays more than three pages will not be considered a valid submission. This essay should summarize the main attributes that a qualified candidate would possess: demonstration of work ethic and achievements, clear educational and career goals, strong commitment to reaching these personal goals, and a commitment to community. What impact will it have on your education? In turn, how will you then impact others?

**Other Required Documents:**

- One letter of recommendation from current high school faculty staff member.
- One letter of recommendation from a non-related community member who has been acquainted with you for several years and can attest to your character.
- An official, certified copy of your high school transcript.
- A picture for publishing should you win.

I verify that the information submitted on this application and supporting documents is true and correct and that I am eligible to receive the Summit Pacific Medical Center Employee’s Scholarship.

__________________________  ____________________________
Signature                   Date

Completed applications must be postmarked by April 30 or hand delivered to Summit Pacific Medical Center on the last business day of April by 5:00 p.m.

Late submissions will not be considered. We will not accept electronic versions of applications. Recipients will be asked to submit a photo and short bio for a press release. To mail your application or for more information on the scholarship process, please direct all inquiries to:

Emily Dillingham, Executive Director
(360) 346-2250

Summit Pacific Medical Center
Attn: Emily Dillingham, Executive Director
600 E. Main Street
Elma, WA 98541