



2500 NE Neff Road
Bend, Oregon 97701-6015
Telephone (541) 382-4321



Cascades East AHEC Nursing Scholarship For Minority/Bilingual Students

February 4, 2009

Dear Scholarship Applicant:

The Cascades East AHEC Nursing Scholarship has been established to assist minority/bilingual high school seniors or college students who wish to pursue a career in nursing. The scholarship is administered by the Cascades East Area Health Education Center.

Specifics about the scholarship are:

- **The scholarship will be awarded to a student who is planning to enter a nursing program.**
- A \$1000 grant to be used for tuition, books, or direct fees for school.
- Student must currently be a resident, or enrolled in school(s) in the counties of Deschutes, Crook, Jefferson, Lake, Wheeler, Grant, Malheur, Harney, or Klamath County, or the Warm Springs Community. **Applicants must have resided, or been enrolled in school(s) in this area for a minimum of four years.**
- Applicants will be evaluated, in order stated: a) potential as a nurse; b) career plans in nursing; c) bi-lingual and/or minority status, d) financial need; e) scholastic record.
- Grade point accumulative minimum: 2.5

Completed applications, including necessary attachments, are due to Cascades East AHEC at St. Charles by **Wednesday April 1, 2009**. Please mail to Sasha Bronson, Cascades East AHEC, 2500 NE Neff Road, Bend, OR 97701.

After review by the Scholarship Committee you may be selected as a finalist, and asked to be present for a personal interview. Interviews will be held in Bend in late April or early May.

The scholarship award will be announced and monies awarded as soon as possible.

Sincerely,

A handwritten signature in blue ink that reads "Jennifer Valentine".

Jennifer Valentine, Executive Director
Cascades East AHEC
(541) 617-2603

Enclosures



2500 NE Neff Road
Bend, Oregon 97701-6015
Telephone (541) 382-4321

Beca Escolar de Cascades East AHEC para Estudiantes Bilingües/ Minoritarios

4 de Febrero de 2009

Estimado Solicitante de la Beca:

La beca CEAHEC para los estudios de enfermería ha sido establecida para ayudar a los estudiantes bilingües/minoritarios del último año escolar de bachillerato ó estudiantes universitarios que desean seguir una profesión en enfermería. La beca es administrada por el Centro de Educación: Cascades East Area Health Education Center.

Las especificaciones de la beca son:

- **La beca será otorgada al estudiante que esté planeando entrar a un programa de enfermería.**
- Una cantidad de \$1000 para la inscripción, libros ó pagos directos a la escuela.
- El/la estudiante debe estar actualmente residiendo, ó estar inscrito en la(s) escuela(s) de los condados de Deschutes, Crook, Jefferson, Lake, Wheeler, Grant, Malheur, Harney ó de Klamath, ó ser miembro de la comunidad de Warm Springs. **Los solicitantes deben haber vivido en esta area, o haber estado inscritos en la(s) escuela(s) de esta área por un mínimo de cuatro años.**
- Los solicitantes serán evaluados, en el siguiente orden: a) su potencial como enfermero(a); b) sus planes en la carrera de enfermería; c) ser bilingue y/o tener estatus de minoritario; d) su necesidad financiera; e) sus calificaciones escolares.
- Un promedio escolar acumulativo de por lo menos 2.5

Las solicitudes completamente llenadas, incluyendo los documentos necesarios deben ser entregados al Centro de Educación mencionado **antes de ó el 1 de abril, 2009**. Por favor envíe todo a Sasha Bronson, Cascades East AHEC, 2500 NE Neff Road, Bend, OR 97701.

Después de que el Comité de Becas revise todo Ud. podría ser seleccionado como un(a) finalista, y se le pedirá que se presente para una entrevista en persona. Las entrevistas se llevarán a cabo al final de abril o principios de mayo del 2009.

La beca premiada será anunciada y el dinero otorgado lo más pronto posible.

Sinceramente,

A handwritten signature in blue ink that reads "Jennifer Valentine".

Jennifer Valentine, Executive Director
Cascades East AHEC
(541) 617-2603

HIGH SCHOOL SENIORS and COLLEGE STUDENTS
Cascades East AHEC Nursing Scholarship for Minority/Bilingual Students

NAME: _____
 ADDRESS: _____
 PHONE: _____ DATE: _____
 ETHNICITY: _____ EMAIL ADDRESS: _____

Please attach a high school transcript or similar documentation and return by April 1, 2009 to:

Sasha Bronson, Cascades East AHEC at St. Charles Medical Center
 2500 NE Neff Road, Bend, OR 97701

Applicants must currently be a resident, or enrolled in school(s) in the counties of Deschutes, Crook, Jefferson, Lake, Wheeler, Grant, Malheur, Harney, or Klamath County, or the Warm Springs Community. **Applicants must have resided, or been enrolled in school(s) in this area for a minimum of four years.**

How long have you resided in Central/Eastern Oregon? ____ Years ____ Months
 How long have you been enrolled in school(s) in Central/Eastern Oregon? ____ Years ____ Months
 Name of School(s) _____ Town(s) _____
 Have you applied, or been accepted to a college? Applied Accepted
 Are you currently enrolled in a college (proof of enrollment may be requested)? Yes No
 Name of College where you have applied, been accepted or are enrolled:

College: _____
 Address _____

WORK HISTORY

Employer/Address/Phone	Date Employed	Job Title/Description of Duties	Reason Left
_____ _____ _____	From _____ To _____		
_____ _____ _____	From _____ To _____		
_____ _____ _____	From _____ To _____		
_____ _____ _____	From _____ To _____		

EDUCATION AND TRAINING

Schools	Name and Address of School	From	To	Graduated Yes/No	Degree	Average Grade	Specialization
High School							
Special							
Special							

FINANCIAL STATEMENT

1. Marital Status: Single Married Divorced Separated
2. Total number of dependents (Do not include self): _____
3. During the upcoming academic year, I will live with: Parents On My Own Relatives
- Other, specify _____

4. Please fill in the following budget for the next school year: September, 2009 – June, 2010

- a. Tuition and Fees (Registration/Testing) \$ _____
- b. Books and Supplies \$ _____
- c. College Room and Board \$ _____
(not mortgage or family food bill)
- d. Other (please specify; i.e., child care, transportation,
outstanding debts, mortgage payment for number of months
in school, other costs for certification)

_____	_____
_____	_____
_____	_____

TOTAL ESTIMATED EXPENSES \$ _____

Estimated Income (how the estimated expenses will be earned):

- a. Savings \$ _____
- b. Employment during school year \$ _____
- c. Spouse's employment during school year \$ _____
- d. Other income (please specify; i.e., scholarships, grants,
relatives, trusts, annuities, loans, child support, alimony)

_____	_____
_____	_____
_____	_____
_____	_____

TOTAL ESTIMATED INCOME \$ _____

Signature of Scholarship Applicant _____ Date _____

DEMOGRAPHIC INFORMATION

1. Gender: (check one) Male Female

2. Ethnicity: (check all that apply)

American Indian/Alaska Native Asian Black/African American Hispanic/Latino
 Native Hawaiian/Other Pacific Islander White/Caucasian More than one (Please list)

3. Grade: Senior College student year: _____ Age: _____

4. Program Claim Status: This information is used for scholarship or participation certification for some programs coordinated by Cascades East AHEC (check all that apply to your situation):

Financially Disadvantaged The figures used to determine low-income are:

Size of Family*	Income Level**
1	\$18,200
2	\$24,500
3	\$30,800
4	\$37,100
5	\$43,400
6	\$49,700
7	\$56,000
8	\$62,300

*Includes only dependents listed on Federal income tax forms

**Adjusted gross income for calendar year 2008

Underserved Community or Rural Minority

My parents did not go to college / I will be the first in my family to attend college

My family/ I have been qualified for free and/or reduced lunch at my school.

5. Are you bilingual? YES NO

If you answered yes, in which languages are you fluent? _____

6. What was your Grade Point Average for the most recent school year?*** _____

***Please attach the most current school transcript for your academic work with your application.

7. Please share with us how you see your role as a nurse impacting minority or multicultural health disparities?

8. **Please attach letters of recommendation from two individuals who can comment upon your potential in the nursing field.**