

**James R. Naibert, M.D. Healthcare Occupation Scholarship Fund Application**

Please type or print clearly.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Current School: \_\_\_\_\_

Name of High School and Graduation Year: \_\_\_\_\_

**Eligibility**

- Students must be of sophomore standing or above in college; and
- Must have graduated from high school in Linn or Benton County, Oregon or must have been residing in Linn or Benton County, Oregon while working in a healthcare field with direct patient care for at least three years.

**Applicable Work Experience**

Positions, responsibilities, dates of work (add an extra sheet if more space is needed)

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**Educational Background**

Include copies of post-high school transcripts with dates and course of study.

**Essay**

Include a typed essay explaining who you are, future hopes and aspirations, and why you are qualified to receive this scholarship.

**Letters of Recommendation**

Submit with your application with three letters of recommendation from people unrelated to you and who know you well. Letters must have been written in the past year. Your references may be contacted by phone, email, or letter.

**Application and Letters of Recommendation must be received no later than May 31.  
Include all required materials in one email to [Foundation@Corvallis-Clinic.com](mailto:Foundation@Corvallis-Clinic.com).**

By signing below, you acknowledge any awarded monies will be paid directly to your school of attendance. If you are selected as a finalist, you may be asked to submit to a drug screen and public records search for drug law-related convictions, paid at the expense of The Corvallis Clinic Foundation.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_