

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)

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 Ilene.Cann@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: _____