

HEARTS FOR HOSPICE

SCHOLARSHIP INFORMATION & PROCEDURES for 2024

Hearts for Hospice Mission Statement:

Hearts For Hospice (H4H) is a 501(C)(3) nonprofit organization founded by a committed group of volunteers. Our purpose is to raise funds:

*for nonprofit hospice and palliative care programs,

*for grief programs for children and adults,

*to educate our community about hospice and end-of-life concerns,

*to support through scholarships those pursuing a field of study for a career related to our mission.

Scholarship Awards: H4H may award up to two \$3000 scholarships in 2024.

For the 2024-2025 academic year, scholarships are limited to students from only these five schools:

- Bushnell University
- Lane Community College
- Linn-Benton Community College
- Umpqua Community College
- University of Oregon

Eligibility:

(1) Recipient must be a U.S. Citizen,

AND (2) Recipient must be an Oregon resident,

AND (3) Recipient must have completed at least one full school year in a higher learning institution,

AND (4) Recipient must attend a higher learning institution in Oregon (included in the above list) for the school year 2024- 2025,

AND (5) Recipient must have a current grade point average (GPA) minimum of 2.5.

AND (6) Recipient must be pursuing a course of study, including studies of medicine, nursing, gerontology, sociology, psychology, etc, that relates to one or more of the following aspects of our mission:

hospice and/or palliative care programs,

- inospice and or panative care programs,
- grief programs for children and/or adults,
- community education programs about hospice and end-of-life concerns.

Process:

- Download the blank 3-page Application Form, complete it, save with your name in the file title.
- Applicant must submit complete signed application package, which must include ALL required items.
- The complete application package should be submitted electronically to: scholarships@heartsforhospiceoregon.org on or before May 31, 2024.
 - Incomplete or late application packages will NOT be considered for review.

• All complete and timely application packages will be reviewed by the H4H Scholarship Selection Committee. Recipient(s) will be announced by July 31, 2024.

• Recipient(s) will be notified of scholarship award in an email with a Congratulations/Acceptance Form. The recipient must then complete the required information on the Congratulations/Acceptance Form and return it to scholarships@heartsforhospiceoregon.org. The Congratulations/Acceptance Form is due on or before August 15, 2024.

• After H4H receives the Congratulations/Acceptance Form, which includes an acknowledgement and payment information from the recipient, tuition funds will be paid directly to the recipient's institution of higher learning. Scholarships will be funded by August 31, 2024. If all tuition is paid, funds may be applied toward other expenses administered by the institution.

- The award is NOT transferable.
- Applicants may only apply for one H4H scholarship for 2024.
- Applicants may apply annually.

Required items in the Application Package:

- Application Form 3 pages: Basic information, Activities/Interests, Check List/Certification.
- Current unofficial college transcript.
- Document showing college acceptance or registration for the Fall 2024 term.

• Letter of Recommendation from a person who has personal knowledge of applicant but is not related to applicant. The letter should include how the applicant's interest/commitment to a course of study relates to our Mission Statement.

- Personal Essay (Max: 500 words) describing:
 - 1. Why you are a good scholarship candidate,
 - 2. How your studies will advance our mission,
 - 3. Why this scholarship is important to you, and
 - 4. Where you see yourself in five (5) years.

Other:

• Direct any questions to: scholarships@heartsforhospiceoregon.org

• Applicants may be volunteers, or related to volunteers, of Hearts for Hospice. If an applicant is related to a member of the Scholarship Selection Committee, that member must recuse herself/ himself from the selection decision.

• Hearts For Hospice does not discriminate on the basis of ethnicity, nationality, place of origin, religion, gender, sexual orientation, marital status, economic status, age, or mental or physical disability.



Hearts for Hospice

Scholarship Application Form for 2024

Name:

Permanent Mailing Address:

City/State/Zip:

Email:

Cell Phone:

Alternate Phone:

Student Status as of Fall term, 2024

_____ Sophomore

____ Junior

_____ Senior

_____ Graduate Student (Masters, PhD)

Institution name and address you plan to attend in Fall term, 2024:

College Major or main field of study. Explain how it relates to the H4H Mission Statement:

Expected Graduation Date:

College GPA:



Activities/Interests Form for 2024

Please provide a detailed description of your demonstrated activities and interests, especially those related to our Mission Statement. This might

include:

- *Volunteer Work or Community Service Experience
- *Work Experience
- *Personal Experience

For each activity, include what the activity was, where the activity was, what you did, dates you participated and how many hours contributed. You can include additional pages if needed.

Name of Activity or Event	Location	Your role in the activity (Officer, Volunteer, Speaker, etc.)	Date(s) of participation	Hours engaged in this activity



Hearts for Hospice Scholarship Application CHECK-OFF LIST for 2024

____YES, I am a U.S. Citizen. _____ (initial here)

_____YES, I am a resident of the State of Oregon. _____ (initial here)

_____All the following documents:

- _____ Competed Application and Activities/Interest Forms.
- _____ My most current college transcript.
- _____ My document showing college acceptance for the Fall '24 school term.
- _____ At least one letter of recommendation from a non-relative.
- _____ Personal Essay (Maximum 500 words.)

_____This completed Check-Off List & signed Certification below.

CERTIFICATION

I certify that the information furnished in this scholarship application is true and correct.

Applicant's Signature

_____ Initial here to verify that the above is a representation of your signature.

Date