



UNDERGRADUATE SCHOLARSHIP INSTRUCTIONS

Bend Surgery Center Foundation's mission is to encourage and inspire interested and qualified Central Oregon students to pursue careers in healthcare by providing funding for educational opportunities. BSCF will grant scholarships in the amount of at least \$1,000 for tuition for the upcoming school year.

**Application Deadline:
Postmarked or returned to BSCF no later than February 16, 2018**

HOW TO APPLY

Follow the FOUR steps to complete your Application Packet. All materials must be received by BSCF or postmarked by the deadline.

1. ELIGIBILITY

To be eligible to apply you must:

- be a Central Oregon high school senior accepted by date of award notification to an accredited college or university.
- have a minimum GPA of 3.0.

2. COMPLETE APPLICATION

Complete and sign application form.

If applicant is under the age of 18, please submit application form with parent signature.

3. COMPLETE REQUIRED ESSAYS

The three essay questions attached to the application form are required as a part of the scholarship application packet and must be submitted with your application form and other required documents as outlined in these instructions. Essays must be typed and double-spaced.

4. GATHER ALL REQUIRED DOCUMENTS AND MAIL or HAND DELIVER APPLICATION, ESSAYS AND REQUIRED DOCUMENTATION TO BSCF ON OR BEFORE THE DEADLINE DATE.

To be considered for a scholarship, your application packet must include the following:

- ❖ Completed and signed application form.
- ❖ Typed essays.
- ❖ Official transcript from your current high school. (Must include 1st qtr. of your senior year)

Submit application and all required documents to your guidance counselor one week **prior** to the deadline -OR- to Bend Surgery Center Foundation **on or before** the deadline.

1303 NE Cushing, Suite 200, Bend, OR 97701-3730

Scholarship recipients and non-recipients are notified via U.S. Mail approximately 6-8 weeks after the deadline date. If you are awarded a scholarship, you will receive a letter from the Bend Surgery Center Foundation explaining how to claim your scholarship. If you should have any questions about the application process, contact Kathy Pazera of Bend Surgery Center Foundation, 541-280-8118 or kathybscf@gmail.com.



Bend Surgery Center Foundation Scholarship Application

Please complete the information below.

GENERAL INFORMATION

NAME: _____
Last
First
Middle

ADDRESS: _____
Street
City
Zip
Phone

EMAIL: _____

HIGH SCHOOL: _____ City _____

PARENT'S NAME(S): _____

CONTACT PHONE FOR PARENT(S): _____

Name & location of college you plan to attend: _____

Have you already been accepted at the above college? Yes No

Check off as complete. Yes, I:

- Have a **minimum GPA of 3.0**
- Submitted an **official copy** of my high school transcript (**must include 1st qtr. senior year**)
- Mailed or turned in to BSCF my completed application on or before **February 16, 2018**.

I certify that the above information is true. In addition, I allow the Bend Surgery Center Foundation access to my student transcript for purposes of the scholarship selection process. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the Bend Surgery Center Foundation scholarship program.

Student Signature

Date

Parent Signature, if student is under age 18

Date

NOTE: Acceptance of this scholarship may reduce your eligibility for SEOG, Stafford Loans and/or Federal Work Study. You must be enrolled in at least 6 credits for scholarship funds to disburse.

Please provide three (3) references that we may contact if necessary. Include at least one person not associated with your school. **Do not include family members.**

Name	Phone	Relationship
1.		
2.		
3.		

