



Providence

Center

Newberg Medical

Providence Newberg Medical Center Health Career Scholarship Application: 2026

The Mission of Providence:

“As expressions of God’s healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.”

Our Core Values:

We live our Mission through the core values of:

COMPASSION - DIGNITY - JUSTICE - EXCELLENCE - INTEGRITY

In 2003, PNMC began giving scholarships to local high school seniors that were continuing their education and pursuing a career in health care. Four scholarships in the amount of two thousand dollars (\$2,000.00) each will be awarded to four high school seniors attending a school in our service area. Applicants must have intentions to pursue a career in health care and continue their learning endeavors through a higher educational institute directly after high school.

Our committee strongly considers applicants who are actively involved in their schools and communities, demonstrate a strong desire to pursue the call toward health care, have performed volunteer service specifically in a health care setting, and those who would benefit overall from receiving our scholarship.

We look for those who have successfully completed and submitted the required items listed below.

Selected scholarship recipients and their schools will be notified by mail, followed by an internal announcement at Providence Newberg Medical Center. A formal presentation of the scholarship award will be made at the recipient’s end-of-year high school awards program.

Please note: Each recipient *must* submit a W9 form (mailed to selected recipients with their announcement letter) before payment can be processed, as required by the IRS.

Please forward the attached, completed application form to:

Scholarship Committee
c/o Mission Integration & Spiritual Care
Providence Newberg Medical Center
1001 Providence Drive, Newberg, OR 97132

Applications must be postmarked by May 1, 2026. Applications will be disqualified if postmarked or hand delivered after due date and if any requested item is missing. If hand delivered, report to the front entrance of PNMC for staff signature and confirmation of date delivered. After 8pm, deliver to the Emergency Department entrance. Note: Do not electronically mail or scan applications.

If you have any questions, or for more information, please e-mail samantha.gilbertson@providence.org

Checklist of required items:

- Completed and signed application form
- Resume
- Academic interests, extracurricular activities, and career aspirations (*unless included in resume*)
- Essay (*1,000 word maximum*)
- Official, sealed high school transcript (including first semester grades for this school year)
- **OPTIONAL** - Official results of SAT and/or ACT scores, if available. (Copies will be accepted from your high school registrar/counseling offices if sealed and signed by a school representative)
- Two letters of reference (*forms provided*)
References may come from a current/former teacher, administrator, school counselor or coach, mentor, church leader, employment leader, or volunteer supervisor.

Thank you for your interest in obtaining a health career scholarship from Providence Newberg Medical Center. We wish you continued success as you pursue your goals and dreams in the field of health care.



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Providence Newberg Medical Center 2026 Health Career Scholarship Application

Name of Applicant: _____

Last

First

Middle

Home Address: _____

City

State

Zip Code

Home Phone: _____ Cell Phone: _____ Birth Date: _____

Email Address: _____

High School Attending: _____ Graduation Year: _____

Graduation Ceremony Date: _____ Location: _____

Senior Awards Recognition Date: _____ Location: _____

OPTIONAL:

SAT Scores: _____ (and/or) ACT Scores: _____

1. Have you ever served as a volunteer with Providence Newberg Medical Center, either currently or in the past? Yes____ No____

If yes, please specify your dates of service and the departments where you volunteered.

2. Have you ever worked, or served as a volunteer, at another health care facility? Yes____ No____

If yes, please list all healthcare facilities where you have worked, including dates of employment, roles, and key responsibilities.

3. What is your intended specialty, or area of interest, within healthcare?

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4. Please provide a list of other academic institutions to which you have submitted applications:

5. Please provide a list of the academic institutions that have offered you admission:

6. Please indicate your institution of choice for the upcoming academic year: *(if known)*

7. Specify the anticipated length of time required for completion of your studies.

8. Provide a single-page resume: A standard request that implies a summary of your professional and academic background. Include extracurricular activities, involvements, and volunteer service.

9. Provide a statement of intent, or essay, of 1,000 words *(maximum)* regarding Providence's Mission statement, core values, and why you feel specifically called to a career in health care.

10. Please submit an official, sealed high school transcript reflecting all coursework through the first semester of the current academic year.

(Official transcripts are issued by your high school's office of the registrar or the college & career/student services office.)

11. Optional: Please provide your official results of SAT and/or ACT scores, if available.

(Transcripts must remain in the original, unopened school envelope and include an official signature or stamp to be considered valid.)

Applicant Signature: _____

Date: _____



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2026 Health Career Scholarship Recommendation Letter

The Mission of Providence:

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Our Core Values:

We live the Mission through the core values of compassion, dignity, justice, excellence and integrity

At Providence Newberg Medical Center, we are committed in building healthier communities together. We demonstrate this commitment by providing health career scholarships that empower and encourage students to achieve their academic and professional aspirations.

We value your perspective on this applicant, as your recommendation letter is required for them to be considered for the scholarship award.

Please include the following in your letter of recommendation:

- Your name and title
(Teachers, please include name of school and subject(s) taught)
- Email or contact information
- What is your association with the applicant *(e.g., supervisor, mentor, instructor)*
- Length of acquaintance
- Describe your relationship and how frequently you interact with the applicant
- Include an example of how you have directly observed the applicant in a difficult or challenging situation. Provide details of the situation and how the applicant responded and/or resolved the matter
- The applicant's probable success as they pursue higher education and a career in health care

- The applicant's understanding of the Providence Mission and core values
- How they model the Providence Mission and core values and incorporate them in their
- own lives

After your letter of recommendation has been completed, please return it to the scholarship applicant in a sealed envelope along with this form. Students will include them with their submitted application and other required items.

Scholarship applications are due to Providence Newberg Medical Center by: **May 1, 2026**

Reference Name (printed): _____

Scholarship Applicant Name (printed): _____

Date Request Given to Reference: _____



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