



# VALLEY MEDICAL CENTER HEALTH SCIENCES SCHOLARSHIPS



---

**Funded by:**  
**Valley Medical Center**  
**A Division of Catalyst Medical Group, PLLC**  
2315 Eighth Street • Lewiston, ID 83501 • Tel: (208) 746-1383

---

- ESTABLISHED:** Spring 2013
- NUMBER and AMOUNT:** Two x \$500 one time gift scholarships to be used the fall following graduation.
- TERM:** One payment, which will be sent to the recipient's institution of higher education prior to the start of the fall semester. Student must be enrolled full time.
- USE:** Scholarship may be used for tuition, fees, room or board at any institution of higher learning anywhere for any course of study. Student may incur tax liability for any amount applied to room and board.
- ELIGIBILITY:** Any Lewiston High School graduating senior may apply for this scholarship who meets the following eligibility criteria:
1. Applicant must have a minimum Grade Point Average (GPA) of 3.0.
  2. Applicant must intend to pursue further education full time at an institution of higher learning in the fall following high school graduation.
  3. Applicant must intend to pursue a healthcare related field of study.

Race, religion, or gender will not be determining factors in making the award.

**APPLICATION  
DEADLINE:**

**APRIL 15<sup>th</sup>** - (If 15<sup>th</sup> falls on weekend, due following Monday.)  
Completed applications must be submitted to:

- the LHS Counseling Center;
- or the LIFE Office at 3317 12th Street, Lewiston.

**QUESTIONS:**

Contact the **L.I.F.E.** Office at 748-3050  
[cgomez@lewistonschools.net](mailto:cgomez@lewistonschools.net)

[Continued on reverse]

## VALLEY MEDICAL CENTER HEALTH SCIENCES SCHOLARSHIP (CONTINUED)

---

### APPLICATION PROCESS:

Interested applicants should submit their own application form and essay which should contain the following information:

#### **Application Information:**

1. Your full name
2. Your home address and phone number
3. Your parents' names
4. Your current Grade Point Average (GPA)
5. School activities you pursued
6. Volunteer or other community activities
7. Name of institution of higher education you plan to attend
8. Your signature
9. Financial Need

*If you wish to have your financial need considered by the selection committee, please attach a separate statement of financial need.*

10. Essay

*What career path in healthcare have you chosen, and why did you choose it?*

11. Please include a copy of your high school transcript.

### SELECTION:

Selection of a recipients will be made by a panel composed of members of the Valley Medical Center Employee Advisory Committee.

FOR FURTHER INFORMATION, PLEASE CONTACT:  
Carla Gomez, L.I.F.E. Office, 748-3050