

2024-2025

**PENDLETON COMMUNITY MEMORIAL HEALTH CORPORATION  
SCHOLARSHIP APPLICATION AND INFORMATION**

**PENDLETON COMMUNITY MEMORIAL HEALTH CORPORATION**

The Pendleton Community Memorial Health Corporation (PCHC) is a non-profit charitable organization that was formed in 1988 from the assets remaining after closure of Pendleton Community Memorial Hospital. The hospital was founded in 1959 by the efforts and private donations of the citizens of Pendleton and the surrounding area. The new Health Corporation's purpose is to promote with grants, contributions, services, and other means the medical health activities of the community.

A Board of Directors, composed of 11 local citizens, operates as the governing body of PCHC. The Board solicits applications from individuals and organizations for funding of medical and health related activities and disburses income that has accrued from the trust funds.

**OPEN TO:** Any individual in the areas of Pendleton, Pilot Rock, Athena, Weston, Adams, Helix and Ukiah may apply for a scholarship to fund medical or health-related education. PCHC considers medical or health-related education to include: medical school, nursing school, dental school, medical secretary training, diagnostic imaging, occupational therapy, and research, but does not exclude other possible activities.

**Scholarships awarded in the past have varied in amounts ranging from \$750 - \$5,000. We will base this year's awards on the number of applications received and funding available.**

**APPLICATION PERIOD: Monday, March 20, 2024 - Monday, May 15, 2024**

**Deadline to apply: Monday, May 15, 2024.**

**Mail completed applications to:**

Pendleton Community Health Corporation  
Dan Ceniga  
71567 Schroeder Rd  
Pendleton, Oregon 97801

**Applicants receiving awards MUST:**

1. Agree to use the monies only for the purpose in which they are granted.
2. Be a full-time student.
3. Maintain a 2.0 GPA unless waived by the board.
4. Be pursuing a health-related curriculum.
5. Be accepted or tentatively accepted into their program of study and will be required to provide documentation to PCHC of program admission.

If you have questions, please contact Dan Ceniga at (541)276-0128.

2024-2025

PENDLETON COMMUNITY MEMORIAL HEALTH CORPORATION - SCHOLARSHIP APPLICATION

DATE: \_\_01\_\_ / \_\_\_\_ / \_\_\_\_

SOC. SEC. #: \_XXX\_ - \_XX\_ - \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Local Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

NAME OF COLLEGE \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

MAJOR/PROGRAM OF STUDY: \_\_\_\_\_

YEAR OF ANTICIPATED PROGRAM COMPLETION: \_\_\_\_\_

HIGHEST GRADE COMPLETED: \_\_\_\_\_ YEAR: \_\_\_\_\_ GPA: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ NO. OF MINOR DEPENDENTS: \_\_\_\_\_ NO. OF OTHER DEPENDENTS: \_\_\_\_\_

1. DESCRIBE YOUR EDUCATIONAL PLANS.

2. DESCRIBE ANY UNUSUAL ECONOMIC CIRCUMSTANCES YOU MAY HAVE.

3. ATTACH HIGH SCHOOL AND/OR COLLEGE TRANSCRIPTS.

- PLEASE NOTE THAT AN INTERVIEW MAY BE REQUIRED.
- PLEASE FEEL FREE TO ATTACH ADDITIONAL INFORMATION THAT IS PERTINENT TO YOUR SCHOLARSHIP REQUEST.

*By signing and submitting this form I agree to abide by and be bound by each of the terms and conditions described in the application and further warrant that the information above is true and correct to the best of my knowledge.*

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_