

Bend Church United Methodist Health Ministry Scholarship 2021

Thanks to the generous gift given by the Wirth family and the Northwest United Methodist Foundation, the Health Ministry Team at Bend Church United Methodist is pleased to announce the offering of one-time \$1000 Scholarships for education in health-related fields. The criteria for consideration are as follows:

1. Must be accepted into an accredited health-related academic program*
2. Must have a minimum cumulative GPA of at least 2.5 on most recent grade transcript

Applicants who meet criteria are to provide an application completed in full, two references, and a copy of the most recent grade transcript.* The Health Ministry team will then conduct a Zoom interview. Upon award of scholarship, candidates will be expected to participate in regular check-in conversations for one academic year with the Health Ministry Team (one time per semester or quarter) for support. **Applications are due by July 15th 2021.**

Applications can be found at BendUMC.org under the Health Ministry Tab and may be submitted via email or mailed to:

Bend Church
% Rev Nicole Berry
680 NW Bond St
Bend, OR 97703

For questions contact: Sandy Clausen, Health Ministry Chair (clausen.sandy@gmail.com) or Rev Nicole Berry, Associate Pastor (nicole.berry@gmail.com).

**We acknowledge that it may be difficult during COVID-19 restrictions to obtain academic transcripts. As an alternative, applicants may designate one of their references as an academic reference.*

**Some examples of health related fields include but are not limited to: Nursing, CNA, Dentistry, Physical Therapy, Mental Health services.*

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Please fill out the following application and send via email to nicole.bendchurch@gmail.com or mail to: Bend Church 680 NW Bond St., Bend OR 97703.

***If possible, please include a most recent transcript. If you are unable to obtain your transcripts due to COVID-restrictions please provide contact for one academic reference in the "References" section.*

Full Name: _____

Permanent Mailing Address: _____

Phone: (_____) _____

Email: _____

Date of Birth: _____

Cumulative Grade Point Average _____ (4.0 scale)

Name of accredited school you will be/or are attending: _____

Name of Academic Program: _____

References (please list two)

_____ email: _____

_____ email: _____

State in 50 words or less why you have chosen to enter this health-related field.

***A member of the Bend Church Health Ministry Team will confirm reception via email.*