



# Columbia Basin Care

COLUMBIA BASIN CARE FOUNDATION

## SCHOLARSHIP APPLICATION

### WHO ARE YOU?

Name

Address (street, city, state, zip)

Phone

Email

I am applying for:

- Employee Scholarship  
(You work at Columbia Basin Care)
- Community Scholarship  
(You live in the Columbia Gorge)

### EDUCATION

Have you attended college or technical school? If so, where is the school, did you graduate, and what did you study?

What course of study do you plan to pursue, and how many years do you plan to attend college/school?

What school do you plan to attend?

What business or career will you likely pursue after finishing college/school/training?

### EMPLOYMENT

What and where is your current job?

### ACHIEVEMENTS

Have you received any academic awards or achievements? Please list.

### ACTIVITIES

Do you participate in community service or extra-curricular activities? Please list.

**TELL US MORE**

What are your professional aspirations? How will this scholarship help you achieve your goals? Please share with us any information you think will help us know and understand you. (If you'd like more space, or want to type your response, feel free to attach a separate sheet).

**HOW DID YOU HEAR OF US?**    Website    Facebook    Friend    Other, please explain:

**EQUAL OPPORTUNITY:** We seek to offer an academic scholarship to the best qualified person and to provide equal opportunity for the advancement of applicants and to administer all of our personnel policies in a manner that will not discriminate against any person because of race, color, religion, age, sex, marital or veteran status, national origin, ancestry, disability, on-the-job injuries, or any other legally protected status unless there is a bona fide occupational requirement reasonably necessary to the operation of our business.

**DISCLAIMER and SIGNATURE:**

1. I certify the information provided in this application are true and complete. I authorize the investigations of all statements contained in this application, in any attachments or supporting documents and any interviews which the Columbia Basin Care Foundation deems relevant to my qualifications for a scholarship. I authorize you to request and receive such information and I release from all liability, all persons, employers, or other entities supplying it. I also release you from all liability that might result from making the investigation.
2. I understand that false or misleading information given in my application or interviews may result in revoking of scholarship.
3. If awarded a scholarship, I agree to take part in any publicity efforts that will support the mission of the Columbia Basin Care Foundation.

Signature

Date

Columbia Basin Care • 1015 Webber St. • The Dalles, OR 97058 • 541.296.2156 • colbasin.com

The Columbia Basin Care Foundation supports the work and mission of Columbia Basin Care,  
a community-owned, nonprofit, skilled nursing facility.