



The Confluence Health High School Scholarship

The Confluence health High School Scholarship is a \$3,000 award.

Confluence Health has long supported youth in our communities. This scholarship is awarded annually to a graduating senior at high schools in the communities where we have clinics: Wenatchee, East Wenatchee, Moses Lake, Royal City, Omak, Brewster, Waterville, Okanogan, Cashmere, Tonasket, Oroville, Methow Valley, and Ephrata. Ten scholarships will be awarded.

The selection committee is looking for highly talented students who have demonstrated superior academic merit, exemplary character, integrity, purposefulness, and desire to work in the medical field. We believe that supporting these outstanding students is an investment in our communities and ourselves.

If you are planning to pursue a full-time healthcare related degree program for the academic year following high school graduation, we encourage you to apply for this scholarship. Preference will be given to students who will be enrolled in Wenatchee Valley or Big Bend Community College.

**All Applications must be submitted by
March 1st, 2025.**

**All applications must be submitted electronically to
Email: sm_careerpathways@confluencehealth.org**

If you should have questions please contact,
Mariela Galvan, Career Pathways Coordinator at sm_careerpathways@confluencehealth.org

It is recommended to return all application materials to your High School guidance counselor to ensure applications are completed fully but is not required.



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Eligibility

Any graduating senior of Wenatchee, Westside, Wenatchee 7th Day Adventist, River Academy, Eastmont, Moses Lake, Moses Lake Christian Academy, Royal City, Omak, Brewster, Waterville, Okanogan, Cashmere, Tonasket, Oroville, Methow Valley, and Ephrata High Schools who is planning full-time attendance in a healthcare related degree program (this does not include Dentistry or Veterinary Medicine) during the academic year following high school graduation. Preference (though not required) will be given to students who will be enrolled in Wenatchee Valley or Big Bend Community College.

Selection

Ten - \$3,000 Healthcare Scholarships will be awarded. A Scholarship Selection Committee established by Confluence Health will judge applications. Selection criteria include the applicant's academic achievements, education, and career goals, demonstrated leadership, performance of community service and employment record.

Awarding of Funds

The Healthcare Scholarship is a onetime award/tuition grant in the amount of \$3,000. All scholarships are in the form of a certificate of award, conditioned upon high school graduation and enrollment of continuing education. Condition is also upon the fact that student does not have full tuition already available, if so, the award will pass to the runner up. Award recipients will be notified by the end of April.

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Application Requirements

The application form must be completed in full and submitted directly to: High School Guidance Counselor or Confluence Health by March 1st, 2025.

The following additional information must be attached to the application packet:

- o A personal statement essay of no more than 300 words prepared by the applicant.
- o A certified high school transcript for grades 9 through 12 or recent college transcripts if applicable.
- o Two letters of recommendation from individuals in authority at the applicant's high school or organization that the student is involved in, such as athletics or volunteering.

Recipients must send Confluence Health a receipt of enrollment notice at that time Confluence Health will forward a check for \$3,000 to the recipient's college for credit to their account.

Persons receiving the awards may be asked to provide a photograph for use in announcements.

Questions? Please reach out to your guidance counselor or Mariela Galvan, Confluence Health Career Pathways Coordinator at sm_careerpathways@confluencehealth.org.

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Application

Name: _____
First Middle Last

Phone Number (including area code): _____

Address _____
Street City State Zip

Name of High School: _____

Cumulative GPA: _____

High School Guidance Counselor: _____

Name of College/University planning to attend (applied to): _____

Planned major or degree: _____

Please list any other scholarships or financial assistance for which you have applied:



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Essay

Please attach an essay of no more than 300 words. Please include the following in your essay:

- Summarize your goals and objectives for higher education.
- Describe how the Scholarship will assist you.
- Summarize your school, extracurricular activities and how these have helped prepare you for the future.
- Why you want to pursue a career in healthcare.

*Optional: Please address any barriers to higher education, whether social, economic, physical, or others.

Student Activities

Please list student activities in which you have participated during grades 9-12 and mark the appropriate grade level(s). Please indicate if a leadership position was held.

Student Activities/Leadership Positions	Grades			
	9	10	11	12



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Community Service Activities

Please list community activities during grades 9-12 and mark the appropriate grade level(s). Also indicate the hours per week.

Community Activities	Grades				Hours/Week			
	9	10	11	12	1-5	5-10	10-20	20+



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Awards and Honors

Please list special recognition, awards, and honors received during grades 9-12 and mark the appropriate grade level(s).

Award or Honor	Grades			Group or Activity
	9	10	11	



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Certification

I certify that all statements contained in the foregoing application are true and correct. I authorize my school to provide information, including confidential transcripts of my academic history, to the Scholarship Selection Committee.

Student Signature: _____ Date: _____

To be completed by the Guidance Counselor*

I certify that the above applicant: _____

Has attended: _____

Name of School: _____ School Code No.: _____

Furthermore, the applicant will graduate: _____
Month/Year

The above applicant ranks exactly/approximately _____ in their class.

Total number of students in the graduating class: _____

Signature of Counselor: _____ Date: _____

Telephone Number: _____

Email: _____

Guidance Counselors:

- Please attach the applicant's transcript and test scores to this form.
- Please send the completed application packet to: sm_careerpathways@confluencehealth.org

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Letter of Recommendation

Confluence Health High School Scholarship Letter of Recommendation

Name of Student: _____

Name of School: _____

Please see below information regarding the recommendation process. The student is responsible for returning the completed letter of recommendation to the guidance counselor.

The Confluence Health High School Scholarship is a \$3,000 scholarship to recognize highly talented graduating seniors/incoming college freshmen who have demonstrated superior academic merit and are pursuing a healthcare related degree. Please provide for the above student, a recommendation that will aid the scholarship committee in its deliberations.

Please attach this form to letter of recommendation and sign below. Please give to the above student to return to the guidance counselor. **Thank you for your assistance.**

Please note that scholarship applications must be submitted by March 1st, 2025.

Signature: _____

Print Name: _____

Date: _____



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