

REDWOOD MEMORIAL FOUNDATION
2025 Scholarship Program
COMMUNITY MEMBER APPLICATION

Application Packet for:

**Eel River Valley, Southern Trinity and
South Fork High School Seniors
College Students**

OR

**Community Members of
Eel River Valley, Van Duzen Valley
and Southern Humboldt County**

**Applications must be
received by:**

Tuesday, April 15, 2025

Providence Redwood Memorial Foundation Community Member and High School Senior Scholarship Information

Purpose The Tuition Assistance Program is designed to facilitate participation in health care education for Providence Redwood Memorial Hospital caregivers, potential employees and residents of the Eel River Valley, Van Duzen River Valley and Southern Humboldt County pursuing careers in the medical field.

Description Each year the Foundation grants scholarships to Providence Redwood Memorial Hospital caregivers furthering job skills or pursuing careers in the medical field.

Application/Awards In order to be considered, application packets must be received in the Foundation office, **Attn: Candy Ziegenbein**, no later than **April 15th, 2025**. Recipients will be notified by May 2nd and may be announced in the caregiver newsletter, local newspapers, social media and Providence publications. Recipients will be invited to the Foundation Board luncheon on May 22nd, 2025. If the recipient does not use the award for its intended purpose, or if the award is not used within one year's time, the award will be forfeited and returned to the scholarship fund within the Foundation. Applicants can reapply for these funds annually.

Please be sure to complete and include the following items:

- _____ Two (2) letters of recommendation from individuals other than relatives who are familiar with your character, abilities, and career interests.
- _____ Include a letter from your supervisor (this can be one of the two letters of recommendation already required).
- _____ Special course/program description.
- _____ An acceptance letter from an accredited educational institution or most recent transcripts.
- _____ Estimate of course/program expenses.
- _____ A one- to two-page typed personal statement regarding your interest in health care and intentions for your future in health care. *The quality of the essay is an important part of the screening process.*

For Local High School Seniors Only:

- _____ High school transcripts.

**PROVIDENCE REDWOOD MEMORIAL FOUNDATION
COMMUNITY MEMBER AND HIGH SCHOOL SENIOR
2025 SCHOLARSHIP APPLICATION**

Application for Eel River Valley, Southern Trinity and South Fork High School Seniors or community members (this includes college students) of Eel River Valley, Van Duzen River Valley or Southern Humboldt.

(See Scholarship Program Information for details of criteria & eligibility.)

Date: _____

Name: _____

Address: _____

Phone: _____

High School (or college): _____

(For seniors, please attach official transcripts.)

Parent or legal guardian *(if a minor)*

Name: _____

Address: _____

Phone: _____

Health care education program to be attended:

Have you been accepted into a special program? _____ *(Attach letter of acceptance.)*

Name & address of institution:

Major: _____

Beginning date: _____ Anticipated completion date: _____

Please list any scholarships received or anticipated: _____

**Redwood Memorial Foundation
Community
2025 Scholarship Application**

Please list or describe your activities such as awards, honors, volunteer work, committee work, and leadership examples related to your interest in healthcare.

Awards or Honors:

Date	Activity	Sponsor
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Volunteer Work:

Date	Activity	Sponsor
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School:

Date	Activity	Sponsor
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Community:

Date	Activity	Sponsor
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Attach a one – two-page, typed personal statement regarding your interest in healthcare and intentions for your future in healthcare, or how the program/course would benefit patient care at Providence Redwood Memorial Hospital.

Submit letters of recommendation from two (2) individuals (*other than relatives*) who are familiar with your abilities and career interests (*teachers, ministers, employers, etc.*).

Signature _____ Date _____

***Note: Proof of enrollment and satisfactory completion will be required.
If you have any questions, please call the Providence Redwood Memorial Foundation Office at
(707) 269-4200***

**Applications may be submitted by mail to: Redwood Memorial Foundation – Attn: Candy Ziegenbein,
2700 Dolbeer Street, Eureka, CA 95501 or by email to Candy.Ziegenbein@providence.org.**