

The 2024 Valley View Health Center Health Care Professional Scholarship

The Centralia-Chehalis Chamber of Commerce in partnership with Valley View Health Center has created the Valley View Health Center Health Care Professional Scholarship to award a hard-working student based on their intent to seek a degree as a Health Care Professional. One scholarship in the amount of \$1000 will be awarded. Please see the details below to apply for this Scholarship.

Who is eligible? All 2024 graduating seniors from W.F. West or Centralia High School.

1. All types of education and/or training will be considered.
2. At the discretion of the Valley View Health Center, grants may be given for the purchase of equipment (for example tools)
3. Scholarship(s) will be granted at the discretion of the Valley View Health Center and their decision(s) shall be final.

How to apply?

Send or hand-deliver the application to:

Centralia-Chehalis Chamber of Commerce
500 NW Chamber Way
Chehalis, WA 98532

The application must be in the Chamber office by 4 p.m. or postmarked by Friday, April 19th, 2024.

What Happens Next?

The applications will be reviewed by the Valley View Health Center to determine the award winner.

Award

The scholarship will be awarded on May 7th, 2024.

Scholarship recipients will be asked to attend the May 7th Chamber Scholarship Luncheon to receive recognition of the award. Valley View Health Center is responsible for making the scholarship selection. If you have any questions regarding the application or the Scholarship Fund, please contact the Centralia-Chehalis Chamber of Commerce at (360) 748-8885.

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DEADLINE: April 19th, 2024, 4pm

Date:

Type or print in ink:

Last Name: _____ Middle Initial: ____ First Name: _____

Address: _____

Phone Number: (____) _____

What is the name of your current high school?

Please indicate the last grade level of completion.

Please enclose a current high school transcript.

Check if the school is mailing transcripts directly to Chamber

We hereby confirm all statements made within this application are true, accurate and complete.

Applicant _____ Date _____

Parent Name _____ Parent Phone Number _____

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Please answer the following as they apply to your situation.

1. Please explain your educational plans for the coming year and indicate your intended college or training site.
2. Please list your community service activities.
3. Briefly explain why you feel Valley View Health Center is important to our community.

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4. Please describe in 600 words or less:

Describe your future plans in the health care professional field. What type of degree are you interested in and what career are you seeking in the health care professional field?