

**REDWOOD MEMORIAL FOUNDATION**  
**2022 Scholarship Program**

*Application Packet for:*

**Redwood Memorial Hospital Employees**

**Applications must be  
received by:**

**Thursday, March 31, 2022**

St. Joseph Health <sup>SM</sup>  
Redwood Memorial

# Redwood Memorial Foundation Scholarship Checklist

**Incomplete application packets will not be considered.**

**Please be sure to do and/or include the following items:**

- \_\_\_\_\_ Two (2) letters of recommendation from individuals other than relatives who are familiar with your character, abilities and career interests.
- \_\_\_\_\_ A special course/program description and criteria **or** an acceptance letter from an accredited educational institution.
- \_\_\_\_\_ An estimate of enrollment expenses.
- \_\_\_\_\_ A one-page typed, personal statement describing your interest in health care and intentions for your future in health care, or how the program/course would benefit employment at Redwood Memorial Hospital. *The quality of the essay is an important part of the screening process.*

## **For Local High School Seniors Only:**

- \_\_\_\_\_ High school transcripts.
- \_\_\_\_\_ A notice of acceptance from an accredited educational institution.

## **For All Other Applicants Who Are Currently Enrolled in a Program:**

- \_\_\_\_\_ Transcripts.

## **For Employees:**

- \_\_\_\_\_ Include a letter from your supervisor (this can be one of the two letters of recommendation already required).

## **REDWOOD MEMORIAL FOUNDATION 2022 SCHOLARSHIP PROGRAM INFORMATION**

**Philosophy** The Redwood Memorial Foundation believes that the field of health care is unique, requiring special talents and qualifications. Increasing the education of employees and potential employees will broaden the base of decision-making, promote new ideas, and improve job satisfaction. It will also improve the quality of health care delivered to the patients at Redwood Memorial Hospital and the Eel River Valley community, Van Duzen River Valley and Southern Humboldt County.

**Purpose** The Tuition Assistance Program is designed to facilitate participation in health care education for Redwood Memorial Hospital employees, potential employees, and residents of the Eel River Valley, Van Duzen River Valley and Southern Humboldt County pursuing careers in Nursing (including LVN's), Medicine, Pharmacy or Physical Therapy.

**Source of Funding** Funds have been set aside by the Redwood Memorial Foundation to support the tuition assistance program. The Foundation encourages contributions, at any time during the year, to our scholarship program to benefit employees of Redwood Memorial Hospital and members of the Eel River Valley, Van Duzen Valley, and Southern Humboldt County Communities.

**Description** Each year the Foundation may grant up to \$6,000 in scholarships for individuals in the following categories:

1. High School Seniors residing in the Eel River Valley, South Fork and Southern Trinity High School communities pursuing careers in Nursing (including LVN's), Medicine, Pharmacy or Physical Therapy.
2. Community residents residing in the Eel River Valley, Van Duzen Valley and Southern Humboldt County communities pursuing careers in Nursing (including LVN's), Medicine, Pharmacy or Physical Therapy.
3. Group I, II, or III Redwood Memorial Hospital employee(s) furthering job skills or pursuing careers in Nursing (including LVN's), Medicine, Pharmacy or Physical Therapy.

The Redwood Memorial Foundation reserves the right to award \$0 to \$6000 in scholarships annually, with individual amounts to be given at the discretion of the Scholarship committee.

**Application/Awards** In order to be considered, application packets must be received in the Foundation Office, **Attn: Jennifer Partsafas**, no later than **March 31, 2022**. Winners will be notified by May 1<sup>st</sup> and may be announced in the employee newsletter, local newspapers, and Health System publications. Winners will be invited to the Foundation Board meeting on May 10, 2022. 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.

**Incomplete application packets will not be considered. Applications may be submitted by mail to: Redwood Memorial Foundation – Attn: Jennifer Partsafas, 3300 Renner Drive, Fortuna, CA 95540 or by email to [jennifer.partsafas@stjoe.org](mailto:jennifer.partsafas@stjoe.org).**

**Applicants must submit the application packet with:**

1. Two (2) letters of recommendation from individuals other than relatives who are familiar with your character, abilities, and career interests.
2. Special course/program description and criteria or an acceptance letter from an accredited educational institution. Also include an estimate of enrollment expenses.
3. For local high school seniors: high school transcripts and a notice of acceptance from the college or program you will be attending. For all other applicants who are currently enrolled in a program, include transcripts.
4. A one-page typed, personal statement regarding your interest in health care and intentions for your future in health care, or how the program/course would benefit patient care at Redwood Memorial Hospital. The quality of this essay is an important part of the screening process.

For amounts over \$500, payment is made in two installments. Upon award and before the first payment, scholarship checks will be issued only upon receipt of proof of acceptance. Before the second payment, proof of satisfactory course completion must be submitted, and proof of continued enrollment.

**Submit to:** Redwood Memorial Foundation Scholarship Committee  
Attn: Jennifer Partsafas - Foundation  
Redwood Memorial Hospital  
3300 Renner Drive  
Fortuna, CA 95540

Phone: (707) 725-7270

Fax: (707) 269-3861

**Criteria/Eligibility:**

1. High School Seniors residing in the Eel River Valley, Southern Trinity High School District or South Fork High School District with a scholastic achievement of 3.0 or better; demonstrates leadership skills and good Citizenship; plus acceptance in an accredited university, college, or technical school with a major in Nursing, Medicine, Pharmacy or Physical Therapy.
2. Community member residing in the Eel River Valley, Van Duzen River Valley or Southern Humboldt County; demonstrates leadership skills and good citizenship; plus acceptance in an accredited university, college, or technical school with a major in Nursing, Medicine, Pharmacy or Physical Therapy.
3. Group I, II, or III Redwood Memorial Hospital employee with a minimum of three (3) years of continuous employment in the St. Joseph Health System of which at least six (6) months must be at Redwood Memorial Hospital; performance evaluations in acceptable range; acceptance in an accredited university, college or technical school with a major in Nursing, Medicine, Pharmacy or Physical Therapy related field or may be applied toward a health care related seminar, workshop, or continuing education program or a program/course which would benefit job skills at Redwood Memorial Hospital.

**REDWOOD MEMORIAL FOUNDATION  
2022 SCHOLARSHIP PROGRAM**

**Application for Redwood Memorial Hospital Employee**

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

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ SS#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Length of continuous employment with St. Joseph Health System: \_\_\_\_\_

Length of continuous employment with Redwood Memorial Hospital: \_\_\_\_\_

Department: \_\_\_\_\_

Position: \_\_\_\_\_ Group: \_\_\_\_\_

Performance evaluations acceptable? \_\_\_\_\_

*(Please provide a letter of recommendation from your supervisor.)*

Program to be attended: *(attach full description if a seminar, workshop or continuing education program)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been accepted? \_\_\_\_\_ *(If so, attach a copy of the letter of acceptance.)*

Name & address of institution/program: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Major *(if applicable)*: \_\_\_\_\_

Beginning date: \_\_\_\_\_ Anticipated completion date: \_\_\_\_\_

Do you have or are you anticipating any other scholarships for this program?

\_\_\_\_\_

**Note: Proof of enrollment and satisfactory completion will be required.**