

**The Gribler Loving Trust  
Nursing Education Scholarship  
Samaritan Pacific Communities Hospital  
Administered by  
The Pacific Communities Health District Foundation**

**Sponsor:** The Gribler Loving Trust

Olga ('06) and Bill Gribler ('85), residents in Newport since 1947. Bill taught music and entertained throughout the community on the piano, violin, and accordion. Olga worked for the telephone company and later the Bank of Newport. Together they enjoyed digging clams at the beach, hunting and traveling. They established this generous scholarship to address the ongoing need for quality nurses in our rural area.

**Award:** The recipient will be awarded **up to** \$3,000 a year for **up to** two years, which will be issued upon proof of enrollment/acceptance in a nursing program at an accredited college/university or other educational institution.

It is our hope that this program will bring dedicated health care professionals to our system and meet the growing needs in our communities in Lincoln County. This program offers financial assistance, with the expectation that upon completion of your degree/program you will apply within Samaritan Pacific Health Services (SPHS) for employment in Lincoln County and accept a position that applies to your degree, if available.

This award may be used for tuition and books but **will not cover** living expenses, uniforms, testing fees or any other costs that could be interpreted as an employment benefit. *This is for informational purposes only and not intended to be a contract.*

**Purpose:** The intent of this scholarship is to assist a resident from Lincoln County, Oregon:

1. To secure training in order to enter or re-enter the field of nursing
2. Who is pursuing a career as a Registered Nurse
3. Who needs training to improve working skills
4. Who has obligations in addition to those of providing for his/her education

**Eligibility:**

1. Submit a fully complete application and appear for an interview if requested
2. Must have completed prerequisite courses
3. Applicant must enroll in an accredited nursing program the year of the award
4. Must be a U.S. citizen and a resident of Lincoln County for a minimum of one year
5. Must qualify as an older learner; recent high school graduates are not eligible
6. Successful applicant must sign an agreement to work within the SPHS system in Lincoln County for up to 2 years upon graduation if a position is available
7. Extra consideration will be given for previous military service or experience in the medical field (EMT, Nurses Aid, LPN)

### **How to Apply:**

1. Obtain an application form from:
  - a. Pacific Communities Health District (PCHD) Foundation, [umarinelli@samhealth.org](mailto:umarinelli@samhealth.org) or (541-574-1810) or [www.samhealth.org/pchdf](http://www.samhealth.org/pchdf) or
  - b. Oregon Coast Community College, Student Services, (541-867-8501)
2. Provide two letters of recommendation (Preferred Examples: An instructor, previous or current employer, and/or any individual who may have known you in a professional capacity.)
3. Provide a 250-word autobiography addressing your commitment, background, work ethic and desire to become a nurse.
4. Provide verification of acceptance to an accredited academic institution, including start date and expected date of completion.
5. Provide a copy of your applicable transcripts. (First-year students, submit transcripts from your prerequisite work. Second-year students, submit transcripts from your first year.)
6. Submit the application, recommendation letters, transcripts and verification of acceptance via mail to PCHD Foundation, 930 SW Abbey, Newport OR 97365, or e-mail to [umarinelli@samhealth.org](mailto:umarinelli@samhealth.org).
7. Deadline: July 31, 2018

### **Selection:**

1. Applicant must show that his/her educational plan is specific to getting into the workforce within a two-year period
2. Applicant may be asked to interview for the scholarship
3. Final award selection will be made by a committee appointed by Samaritan Pacific Communities Hospital

**Notification of Award:** The successful applicant(s) will be notified no later than August 24, 2018 of his/her award for the year.

### **Award receipt:**

1. Payments must be made directly to the educational institution for tuition and/or books
  - a. Requires evidence of tuition billing
  - b. Requires evidence of passing (“C” or better) for each term

**Reapplication required every year:** This scholarship may be renewable for a total of two years. All applicants must reapply annually to receive consideration of funding for an additional year. Reapplication will require submission of grades for the previous term and proof of registration (such as class registration information, registrar reports, etc) for the upcoming year.

**Changes to your address, name, or enrollment status:** If any of the information on your application changes in the future, please be sure to contact the PCHD Foundation with the corrections. An inability to contact you due to neglect on your part or a change in school status could effect monetary payments.

Thank you and best of luck.

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**The Gribler Loving Trust  
Health Education Scholarship  
Application  
Deadline: July 31, 2018**

**Use a separate sheet of paper to provide complete answers if necessary.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Years in Lincoln County: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Number of dependents and ages: \_\_\_\_\_

Education: High School? Yes \_\_\_ No \_\_\_ GED \_\_\_ Other? \_\_\_\_\_

Student ID# \_\_\_\_\_

Post secondary study/training (health care courses completed) degrees: \_\_\_\_\_

Training Desired: What? Where? Length? \_\_\_\_\_

Estimated educational expenses: \_\_\_\_\_

Estimated household income or support while attending school: \_\_\_\_\_

References: Lincoln County resident's name & address, phone number:

1. \_\_\_\_\_

2. \_\_\_\_\_

Please follow the instructions outlined in "How to Apply" above and mail your completed application to: The PCHD Foundation, 930 SW Abbey, Newport, OR 97365 or e-mail it to [umarinelli@samhealth.org](mailto:umarinelli@samhealth.org). Incomplete and late applications will not be considered.