

# PNWU Scholarships Application Requirements

**Complete packets must be received by March 4, 2024**

The following should be sent in one complete packet to the PNWU Office of Development for scholarship committee consideration:

- Completed and signed Application Form and Applicant's Statement
- Personal Statement (*see below for length & content of this section*)
- Current Résumé or Curriculum Vitae

***Incomplete packets or packets that do not comply with the application requirements will not be forwarded to the selection committee.***

## **Personal Statement**

The applicant shall provide a personal statement. The personal statement should be no more than 2 pages in length with one-inch margins, double-spaced, and using a font 10-point or larger. The statement should illustrate the individual's commitment to the healthcare profession and specific program of study, its philosophy, and principles; noteworthy accomplishments, awards and honors, clerkships or special projects, and extracurricular activities in which the student has shown leadership abilities; leadership efforts in addressing the health needs of rural and underserved populations; and outstanding academic achievements. The selection committee would like to know the individual's future goals and what steps the applicant has taken toward realizing those goals. To be considered for the Alan Stephenson Boyd Diversity, Equity, and Inclusion Excellence Endowed Scholarship an additional half-page statement may be written to illustrate the individual's commitment to diversity, equity, and inclusion in healthcare.

## **Letters of Recommendation/Support**

The applicant shall provide one letter of recommendation/support from a PNWU faculty member, a Doctor of Osteopathic Medicine (DO), a Doctor of Physical Therapy (DPT), an Occupational Therapist (OT), or a Medical Doctor (MD) who has either worked with, taught, or mentored the student and who can speak to the applicant's qualifications for this award based on the eligibility criteria. The applicant can choose the individual. The letter can be submitted by email, directly from the author, to [development@pnwu.edu](mailto:development@pnwu.edu) with a subject line indicating the reference letter for the PNWU Scholarships and the applicant's name.

## **Email Completed Application Packet To**

**Lauri Roberson**  
Office of Development at  
[lroberson@pnwu.edu](mailto:lroberson@pnwu.edu) or  
[development@pnwu.edu](mailto:development@pnwu.edu)

## **Additional Information**

For additional information or questions regarding this application, please contact Laura Pendleton at [lpendleton@pnwu.edu](mailto:lpendleton@pnwu.edu) or 509.249.7746 or Lauri Roberson at [lroberson@pnwu.edu](mailto:lroberson@pnwu.edu) or 509.249.7874. A PDF version of the application is available on the PNWU website at <http://www.pnwu.edu/admissions/financial-aid/scholarships/>.

## PNWU Scholarships Availability, Eligibility, and Criteria

### Eligibility

These scholarships are open to any student enrolled at Pacific Northwest University of Health Sciences. Some are limited to students who have completed their first year of studies before the fall of the award year and will be enrolled as a student during the fall of the award year. All applicants must be in good academic standing.

**A.T. Still Osteopathic Medicine Scholarship – Four (4) awards \$10,000 each**

**Alan Stephenson Boyd Diversity, Equity, and Inclusion Excellence Endowed Scholarship – One (1) award minimum \$1,500**

**D. Blair and Walter R. III Anyan Endowed Scholarship – One (1) award minimum \$3,500**

**Butler Family Endowed Scholarship – One (1) award minimum \$1,500**

**Cadwell Laboratories Endowed Scholarship – One (1) award minimum \$1,500**

**Chris Tracz Endowed Scholarship – One (1) award minimum \$1,500**

**Dolsen Family Endowed Scholarship – One (1) award minimum \$1,500**

**Dr. Jim and Jan Haven Endowed Scholarship – One (1) award minimum \$1,500**

**Lawler Endowed Scholarship – One (1) award minimum \$1,500**

**PNWU COM Alumni Endowed Scholarship – One (1) award minimum \$1,500**

**PNWU Occupational Therapy Scholarship – One (1) award minimum \$1,500**

**PNWU Physical Therapy Scholarship – One (1) award minimum \$1,500**

**Seal Endowed Scholarship – Two (2) awards minimum \$20,000 each**

**Scottish Rite Foundation Scholarship – One (1) award \$6,000**  
Winner announced in June.

**University Parkway Apartments (UPA) Endowed Scholarship – One (1) award minimum \$1,500**

**Washington Academy of Family Physicians (WAFP) Family Medicine Endowed Scholarship – One (1) award minimum \$1,500**

**Watson Family Endowed Scholarship – One (1) award minimum \$1,500**

**Yakima Federal Savings and Loan Association Endowed Scholarship – One (1) award minimum \$1,500**

## PNWU Scholarships Application Form

### Student Information *(please print or type):*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

Hometown with state: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

PNWU Student ID: \_\_\_\_\_

Family Medicine Interest Group Member:

☐ Yes

☐ No

### Education *(this section may be left blank if all information is included in the attached CV):*

#### High School:

HS Name: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_

Years Attended: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

#### College:

School: \_\_\_\_\_ Years Attended: \_\_\_\_\_

City/State: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

GPA: \_\_\_\_\_

U.S. Citizen:

☐ Yes

☐ No

Enrolled Tribal Member

☐ Yes

☐ No

Federally Recognized  
Tribal Name

### Healthcare Program and Education Year as of fall of the award year *(choose one):*

☐ OMS I

☐ OMS II

☐ OMS III

☐ OMS IV

☐ MAMS

☐ SPT I

☐ SPT II

☐ SPT III

☐ MSOT I

☐ MSOT II

## PNWU Scholarships Applicant's Statement

1. I am applying for the scholarship(s) for which I meet the criteria and eligibility.
2. I am in financial need to continue my healthcare education at Pacific Northwest University of Health Sciences (PNWU).
3. I am a full-time PNWU healthcare student in good standing who has or will complete my first-year curriculum by the end of the award year.
4. I fully understand that granting any scholarship is conditional upon faithful attendance of classes and performance of duties as a healthcare student and upon the maintenance of good academic standing and honorable conduct without discredit to PNWU or the healthcare profession. Failure to meet these conditions shall be cause for immediate withdrawal and discontinuation of disbursement of any scholarship funds.
5. I certify that the above information and all accompanying documents are correct to the best of my knowledge. I also authorize the PNWU scholarship committee to access official transcripts from my student file to verify my academic standing in the decision-making process.

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**Applicant's Signature**

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**Date**

6. **Required for A.T. Still Osteopathic Medicine and Butler Family Scholarships:**  
It is my expressed intent to establish a practice of osteopathic medicine following completion of the degree requirements and residency or at the end of a formal post-graduate training program, whichever occurs first, in the Pacific Northwest region.

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**Applicant's Signature**

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**Date**

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