

## **Randy Rood Memorial Scholarship**

Thank you for your interest in the Randy Rood Memorial Scholarship through the Mid-Columbia Health Foundation.

Please read the application thoroughly before starting your application. Use the checklist at the end of this packet to make sure your application is complete.

The Mid-Columbia Health Foundation supports several different scholarships. We encourage you to apply for multiple scholarships through the Foundation. Please note, *it is our policy to annually award only one scholarship managed by the Foundation to an individual.*

### **Application due Friday, April 8, 2022.**

If you are not sure about your eligibility or have any questions about applying for a scholarship, please contact us. We are happy to help.

Mid-Columbia Health Foundation  
1700 E 19<sup>th</sup> Street  
The Dalles, OR 97058

**Phone:** 541-296-7275

**Fax:** 541-296-2642

**Email:** [mchf@mcmc.net](mailto:mchf@mcmc.net)

**Website:** [www.mcmc.net/mchf](http://www.mcmc.net/mchf)

**Incomplete, inaccurate, or late applications will NOT be considered.**

# **Randy Rood Memorial Scholarship**

## Description & Eligibility

### **Purpose**

The purpose of Randy Rood Memorial Scholarship Fund is to assist low-income individuals in Wasco and Sherman Counties to obtain a degree from an accredited college or technical school.

### **Eligibility**

Applicants must be graduating high school seniors from Wasco or Sherman County. Applicants must have a high school cumulative GPA of at least 2.5. Recipients of the award must maintain at least a cumulative GPA of at least 2.5 and be enrolled as a full-time student, earning full time credits each term. They must be from a low-income family and have limited means to make further education possible. Applicants must be drug-free while on this program. Applicants must have also applied for financial aid from FAFSA. For information on FAFSA, visit [www.fafsa.ed.gov](http://www.fafsa.ed.gov) or contact Mid-Columbia Health Foundation for help.

### **Selection Process**

Chosen applicants are required to attend a brief interview with the scholarship committee along with a support person. The Randy Rood Memorial Scholarship Committee makes the final decision on recipients for the awards. Award decisions are based on the interview, application, personal essay(s), financial eligibility, high school academic record, activities, and letter recommendations. Incomplete, inaccurate, or late applications will not be considered.

Scholarships are limited to accredited colleges, universities, community colleges and technical schools. Awards are renewable for five years if the student meets all requirements.

Scholarships vary in size depending on financial need, with a maximum of \$2,500 per student, per year. The number of scholarships awarded is based on availability of funds. **Preference will be given to the students with the lowest EFC # as defined through the Free Application for Federal Student Aid (FAFSA) application process.**

### **Disbursal of Funds**

At the end of each term or semester recipients will submit an official transcript, receipts for expenses and proof of enrollment for the next term. Upon receipt of these documents, funds are disbursed, per term directly to the student. **Deadline for submission of receipts and transcripts is no later than three weeks following the end of the term/semester.**

It is hoped that recipients will make all reasonable attempts to support this scholarship program once graduated and gainfully employed to ensure funds remain available to help future students. Donations can be made through gifts to the Mid-Columbia Health Foundation for the Randy Rood Memorial Scholarship Fund, 1700 E. 19<sup>th</sup> Street, The Dalles, OR 97058. All donations tax deductible to the extent allowed by law.

# Randy Rood Memorial Scholarship

## Application Instructions

### Section 1. General Information

We will use this information to contact you regarding your application and status. Please use the most current information. We will maintain confidentiality with your information.

### Section 2. Educational/Employment Information

- Please list your high school and years you attended.
- List the accredited college or technical school you plan to attend.

### Section 3. Financial

Use information from the Financial Information Worksheet to fill in *Tuition* and *Books* section.

- List your **current** *Estimated Family Contribution/EFC* number. This number is generated by the Federal Government after you have completed your FAFSA application. Include a copy of the FAFSA document that states the EFC number and the applicant's name. This can just be a screen print of the approval of your FAFSA showing EFC number.
- List the number of people living in your household including you.
- List other scholarships you have applied for and the amounts you have applied for. If you don't know whether you have received the scholarship, check *applied*.

### Section 4. Required Attachments

- **Financial Information Work Sheet:** Please provide information as requested.
- **Proof of EFC:** A copy of the FAFSA document that states your EFC number and name.
- **Official Transcripts:** Your official transcript in a sealed envelope.
- **Letters of Recommendation:** You will need two letters of recommendation from your teachers, employer or other adult who is not a family member.
- **Activities Chart:** Use the attached form and add additional pages if needed.
- **Essay Requirements:** We would like to know you a little better as a person. Submit *three, one-page essays* as described below. (Times New Roman, 12-point font, double spaced)

**Essay 1** - Describe your family background, lessons you have learned from life, and your goals for the future. This essay should include your plans, goals, and objectives for the next few years. Be sure to include your educational goals.

**Essay 2** - Explain your financial need for this scholarship. Detail unusual expenses such as medical, educational, other debts or special circumstances that impact the amount that you and your family will be able to contribute toward your college expenses.

**Essay 3** - Choose one of the following phrases and express your thoughts.

- When I talk/think about things that are important to me, I...
- When I think about my life at home, I...
- If I could be certain that I would not be laughed at, I would...
- Aloneness to me means that...
- If I didn't have to worry about my image, I would...
- Sometimes I feel frustrated or hurt when...
- All my life I have been...
- The person who is most important in my life is...

# Randy Rood Memorial Scholarship

## Application

### Section 1. General Information

<b>Name</b> First, Middle Initial, Last	<b>Date of Birth</b>
<b>Address</b>	<b>City, State, Zip</b>
<b>Phone Number (Cell/Home)</b>	<b>Email Address</b>

### Section 2. Educational/Employment Information

School	Dates Attended	Degree/ Certificate	
<b>Which college or technical school do you plan to attend?</b>			
<b>What is your current/planned field of study (major)?</b>			
<b>Are you currently employed?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
<b>Employer</b>		<b>Supervisor</b>	

### Section 3. Financial

Estimated School Expenses (per year)			
<b>Tuition</b>	\$	<b>Books</b>	\$
<b>FAFSA: EFC #</b>		<b># in Household</b>	
<b># of family members in household attending college next year</b>			
Please list other scholarships you have applied for or are receiving.			
Scholarship	Amount	<input checked="" type="checkbox"/> Check Appropriate Box	
	\$	<input type="checkbox"/> Applied <input type="checkbox"/> Received	
	\$	<input type="checkbox"/> Applied <input type="checkbox"/> Received	
	\$	<input type="checkbox"/> Applied <input type="checkbox"/> Received	
	\$	<input type="checkbox"/> Applied <input type="checkbox"/> Received	
	\$	<input type="checkbox"/> Applied <input type="checkbox"/> Received	

### Section 4. Required Attachments

<b>Please submit the following attachments with this application:</b>
<ul style="list-style-type: none"> <li>• Financial Information Worksheet</li> <li>• Community Service/Activities/Awards</li> <li>• Three Essays</li> <li>• Two letters of reference</li> <li>• Proof of EFC</li> <li>• Official Transcripts</li> </ul>

I certify that all the information on this application and its supporting documents are accurate and true. I intend to use any scholarship money received for the purpose indicated.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## Randy Rood Memorial Scholarship Financial Information Worksheet

### Parent Information

Mother's/Stepmother's Name	Father's/Stepfather's Name
Occupation	Occupation
Street Address	Street Address
City/State/Zip	City/State/Zip
Phone Number	Phone Number

### Financial Information

My family's total income is between:	
<input type="checkbox"/> \$0-\$20,000	<input type="checkbox"/> \$20,000-\$40,000 <input type="checkbox"/> \$40,000-\$60,000 <input type="checkbox"/> \$60,000 +
Do you qualify for reduced or free lunches at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Estimated College Expenses

Please complete the form below to indicate how you are planning to finance the expenses of the upcoming academic year.

Income	Amount	Expenses	Amount
¼ of Your Savings		Tuition/Fees	
Expected Summer Savings		Books/Supplies	
Family Contribution		Room/Board	
Scholarships at this time		Personal Expenses (including transportation)	
Loan, Grants, Other Income.			
<b>Total Income/Contributions</b>	<b>\$</b>	<b>Total Expenses</b>	<b>\$</b>



## **Randy Rood Memorial Scholarship**

### **Checklist for Submission**

Use the checklist below to complete your application packet.

#### **Checklist for Completion**

- This checklist
- Signed & Typed** Application
- Financial Information Worksheet
- Community Service/Activities/Awards Chart
- Essay 1
- Essay 2
- Essay 3
- Two Letters of Recommendation
- Proof of EFC #
- Official Transcripts

#### **Submit your completed application packet to:**

- Your School Counselor's Office
- *Mail to:* Mid-Columbia Health Foundation, 1700 East 19th Street, The Dalles, OR 97058
- *Email to:* mchf@mcmc.net

If at any time you have questions about or need help filling out the application contact the Foundation office at 541-296-7275.

**\*MCHF Staff and their family members, MCHF Board of Directors and their family members and MCMC Board of Trustees and their family members are not eligible for MCHF scholarships.**

**Application Due: April 8, 2022**

**Incomplete, inaccurate, or late applications will NOT be considered.**

*Thank you for your application!  
We will contact you if you are selected for a personal interview.*