



## JAMES R. NAIBERT, M.D. SCHOLARSHIP FUND

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### Scholarship Application

Please type or print clearly.

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

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

Phone: \_\_\_\_\_ Current school, if any: \_\_\_\_\_

Name of high school and graduation year: \_\_\_\_\_

#### Eligibility

Students must be a college sophomore or above in standing, and must have graduated from high school in Linn or Benton County, or must have been residing in Linn or Benton County for at least three years while working in a healthcare field with direct patient care.

#### Educational Background

Include copies of transcripts. Post-high school information including dates and course of study

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#### Applicable Work Experience

Positions, responsibilities, dates of work (add an extra sheet if more space is needed)

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#### Essay

Include a typed essay (1000 words maximum) explaining who you are, future hopes and aspirations, and why you are qualified to receive this scholarship.

#### References

Enclose reference letters from three people, unrelated to you, who know you well and that have been written in the past year. Your references may be contacted by phone or letter.

**Applications and Letters of Recommendation must be received no later than May 31. Please mail them postmarked to:**

The Corvallis Clinic Foundation  
Administrative Office  
444 NW Elks Drive  
Corvallis, OR 97330

By signing below, you agree to release your social security number to The Corvallis Clinic Foundation if you are awarded a scholarship. You acknowledge your scholarship monies will be paid directly to your school of attendance. If you are selected as a finalist, you agree to a drug screen and public record search for drug law-related convictions, paid at the expense of The Corvallis Clinic Foundation.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_