



2026 Weiser Memorial Hospital Foundation Healthcare Scholarship

The Weiser Memorial Hospital Foundation Healthcare Scholarship was established in 2021 to assist students in furthering their education in a healthcare-related field.

The 2026 scholarship will be a one-time \$1,000 award issued to eight (8) exemplary students who live or work in the Washington County area. Applicants are eligible to reapply for up to four years.

Applicants must be formally accepted into one of the following program types at any college or university:

- Medicine/Medical Science
- Nursing
- Occupational Therapy
- Pharmacy
- Physical Therapy

To be eligible for the scholarship, the applicant **MUST**:

- Be accepted into a healthcare-related field at an accredited school/institution.
- Have at least a 3.0-grade point average.
- Complete the attached scholarship application and answer all questions on a separate sheet of paper.
- Submit an essay describing reasons for selecting a specific healthcare career, career goals, and any other information the student would like considered as a part of the application. The essay must:
 - not exceed 500 words
 - be typed in 12-point font
 - be double-spaced
 - have one-inch margins
- Provide the most recent official, signed copy of their school transcript.
- Include two **current** written recommendations from the applicant's instructors, employers, community leaders, and/or other significant adults who are unrelated to the applicant and in a position to comment on abilities, character, personality, and commitment to education and healthcare. The letters must be submitted with the application and must include the following:
 - date the letter was written
 - include the name
 - occupation
 - phone number
 - signature of the person writing the reference letter

Please note preference is given to applicants who plan to return to rural healthcare after they have graduated from their program.

Successful applicants will be notified in late April following review by the Scholarship Selection Committee. Please note that funds will be sent directly to the winner's school/institution no later than August 15, 2026.

Should you be awarded a scholarship, but will not be attending college immediately due to religious or military obligations, your scholarship may be held for up to 24 months until you return and have given proof of enrollment.

Don't hesitate to contact Weiser Memorial Hospital Foundation via phone at 208-549-4412 or by email at foundation@weiserhospital.org for more information.

Please send the completed application by Tuesday, March 31, 2026, at 5 pm to:

**Weiser Memorial Hospital Foundation
Attention: Healthcare Scholarship Fund
645 E. 5th Street
Weiser, ID 83672**

The completed application, response to questions, letters of recommendation, school transcript, and essay must be received in a hard copy packet by 5 pm on Tuesday, March 31, 2026.



2026 Weiser Memorial Hospital Foundation Healthcare Scholarship Application

Full Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-Mail: _____

What is the name and mailing address of the educational facility you attend/plan to attend?

Name of Program/Degree: _____

Date program begins: _____

Student ID Number if known: _____

Will you be a full-time or part-time student? _____

Anticipated date of graduation from this program? _____

Have you received this scholarship in the past? _____

On a separate sheet of paper, please respond to the following questions. Include your name at the top of each page. Responses must be typewritten and submitted with the application.

1. Describe your school sanctioned extracurricular activities. (Sports, clubs, etc.)
2. Describe your community involvement including employment, church, volunteerism, etc. (Special emphasis on leadership roles)
3. Describe your financial need.
4. Describe your plans to return to rural healthcare, if applicable.

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge.

Signature of Applicant

Date