



**Medical Assistant
Scholarship Application – Academic Year 2022-2023**

The goal of Columbia Memorial Hospital (CMH) is to assist individuals in pursuing a Medical Assistant Certificate (MA) through the Clatsop Community College scholarship program. Though receipt of scholarship does not guarantee employment at CMH, the intent will be to offer the opportunity to apply for available positions and interview all scholarship recipients. Once certified, the MA must apply for a position using the CMH application process to be considered for a MA position. This scholarship is offered on a first come first served basis.

Qualifications:

- Recipient must attend the Clatsop Community College (CCC) Medical Assistant program
- Students will need to complete the program in the 9-month, full time student allotment. This means they graduate with their Medical Assisting Certificate. (Part time students do not qualify).
- Applicants must complete the applicant and provide one completed recommendation form (see attached)

Scholarship Information:

- Each scholarship recipient that is hired will be expected to sign a commitment to work agreement for a period of 12 months in either full or part time capacity. If the term of employment is not completed it is expected that the applicant will repay the entire cost of training as prorated on a per month to serve rate.
 - Full time status = 72 hours or more per pay period
 - Part time status = Employees who are regularly scheduled to work less than seventy-two (72) hours but forty (40) or more hours per pay period.
- Each scholarship provides funding for tuition and book fees only, paid directly to CCC.
- This is a one-time scholarship per person
- This scholarship is awarded by the designated CMH committee
- Hours attending the Medical Assistant program, study time, and practicum hours will not be paid for scholarship recipients.

Deadline for Receipt of Application: June 17, 2022

These scholarships will be given on a first come first serve basis until all spots are full. Email applications to: HRdept@columbiamemorial.org. For questions, please call HR at: 503.338.4073



Medical Assistant Scholarship Application Form

(Type or legibly print your answers)

Name _____

Address _____

Phone _____ Email _____

U.S. Citizen __ yes __ no

1. What level of education have you completed and year of completion.

2. Please list your past 3 employers, contact information and dates of employment:

A.

B.

C.

3. Please describe why you would like to be a Medical Assistant?



4. In your own words, how you would describe the role/responsibilities of a Medical Assistant.

5. Describe why you would like to be a member of Columbia Memorial Hospital?

Statement of Accuracy

I hereby affirm that all of the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the CMH Medical Assistant Training Scholarship Program.

Signature of Scholarship Applicant: _____

Date: _____



**Recommendation Form
Medical Assistant Scholarship**

Applicant Name:

Recommender Name:

Recommender Contact Information/Email:

1. How long have you known the applicant?
2. What is your relationship to the applicant?
3. Describe the applicant's attitude towards academic work and work environment:
4. Describe the applicant's reliability.
5. Describe the applicant's ability to work with others.



6. What are the applicant's strengths?

7. What are the applicant's weaknesses?

Recommender's Signature: _____ Date: _____