

Letter of Intent for Scholarship Awardee

Student Attestation

I, _____ am a student at [NEOAHEC] and have received \$_____ through the Health Care Workforce Pathways Scholarship Program. My focus at this institution is to complete _____ during the _____ academic year.

Name of Scholarship Awardee: _____

Scholarship Awardee County: _____

Scholarship Awardee Email (non-school): _____

Phone Number: _____

Signature: _____

Date: _____

Institution Contact Information

Name of Institution: Northeast Oregon Area Health Education Center

Institution Point of Contact: Meredith Lair

Email Address: mlair@neoahec.org

Phone Number: 541-975-4509