



# Invest in the Future

## Physician Education Scholarship Program

**Deadline to Apply: April 1, 2024**

**Eligibility:** Any current medical or osteopathic school students, or residents who graduated from a Butte, Glenn, or Tehama County high school or from California State University, Chico, who want to practice in the area.

**Scholarship Amount:** Up to \$3,000 per selected recipient.

**Number of Scholarships:** The number of scholarship winners will be determined once applications have been received. Multiple recipients may be selected.

**Recipients will be announced by April 30, 2024.**

**Required Documents:** You must submit all the following documents to be considered for the scholarship program:

- A completed application
- A one-page cover letter summarizing your educational goals and your ties to our local community
- Two letters of recommendation from a professor or adviser in your current program
- A letter from the institution which must verify acceptance or good standing in the program
- Curriculum Vitae

You may mail your completed documents to the below address or submit them via email.

**Enloe Health**  
**1531 Esplanade**  
**Chico, CA 95926**  
**Attn: Recruiting Services Office**  
**[recruiter@enloe.org](mailto:recruiter@enloe.org)**

**For questions, please contact Enloe Health's Recruiting Office at 530-332-7143.**

**See reverse for application.**

# Application

## Personal Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Email \_\_\_\_\_ Preferred Phone Number \_\_\_\_\_

Check All That Apply  Butte County High School Graduate  Glenn County High School Graduate  
 Tehama County High School Graduate  California State University, Chico, Graduate

## Academic Information

Undergraduate Program and Degree \_\_\_\_\_

Medical or Osteopathic School Program \_\_\_\_\_

Date Started Program \_\_\_\_\_ Anticipated Graduation Date \_\_\_\_\_

Have You Already Started a Residency Program?  Yes  No

If Yes, Program Name \_\_\_\_\_ Anticipated Completion Date \_\_\_\_\_

Physician Specialty Goal \_\_\_\_\_

## General Information

Are You Related to Anyone Affiliated with Enloe Health?  Yes  No

If yes, Name and Department \_\_\_\_\_

Did You Participate in the Junior Volunteer Program at Enloe Health?  Yes  No

How Did You Hear About this Scholarship? \_\_\_\_\_

Have You Been Awarded the Enloe Health Invest in the Future Scholarship in the Past?  Yes  No

*I have read and understood the requirements and conditions of the Enloe Health Invest in the Future scholarship program. I affirm that I plan to pursue a career in a health/medical service as defined in these scholarship documents. I give permission to officials of my institution to release transcripts of my academic record and other information requested for consideration in the scholarship program. I understand that this application will be available only to qualified people who need to see it in the course of their duties. I waive the right to access letters of recommendation on my behalf. I affirm that the entire application is my own work.*

*I affirm the information contained herein is true and accurate to the best of my knowledge and belief.*

Signature \_\_\_\_\_ Date \_\_\_\_\_