



## North Sound Health Equity Scholarship

The North Sound Health Equity Scholarship was founded in 2021 by a group of Whatcom County healthcare providers. The scholarship is designed to support students of color on the path to receiving their advanced medical degrees, and to increase diverse representation in health care in the North Sound region. If you are a student pursuing an RN, BSN, ARNP, PA, MD, or DO degree with the goal of working in the North Sound, we want to hear from you!

### Eligibility requirements:

- Students applying for, or currently enrolled in, a program for any of the following degrees: registered nurse (RN), Bachelors of Science in Nursing (BSN), advanced registered nurse practitioner (ARNP), physician assistant (PA), Doctor of Medicine (MD), or Doctor of Osteopathic Medicine (DO)
- Students from underrepresented cultural groups in healthcare professions including those who identify as Asian or Asian American, Black, Latinx, Native American/American Indian/Alaska Native, Native Hawaiian or Pacific Islander, or multiracial/-ethnic
- Students pursuing their degree in the North Sound region (Whatcom, Skagit, Island, San Juan, and Snohomish Counties) **and/or** who demonstrate a commitment to working in the region following the completion of their degree

### Application requirements:

- Proof of enrollment in an RN, BSN, ARNP, PA, MD, or DO program\*
- Official copy of college transcripts
- Documentation of financial need
- References from program instructors, employers, or other professional relationships
- Cover letter describing personal and professional goals, and commitment to working in the North Sound region

Please return completed applications to Chuckanut Health Foundation by mail (PO Box 5641, Bellingham WA 98227) or email to [info@chuckanuthealthfoundation.org](mailto:info@chuckanuthealthfoundation.org). Applications will be considered only when all required materials are received by the deadline.

*\*Please note that students who are unsure if they meet the requirements, or who have not yet been accepted into one of the programs listed above, are encouraged to contact the Chuckanut Health Foundation to discuss their needs.*



**1. PERSONAL INFORMATION**

Name (first and last): \_\_\_\_\_ Pronouns: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How do you identify? (check all that apply)

- Asian or Asian American
  - Black
  - Latinx
  - Native American/American Indian/Alaska Native
  - Native Hawaiian or Pacific Islander
  - Multiracial/-ethnic
  - Other: \_\_\_\_\_
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**2. EDUCATION**

***High School:***

School: \_\_\_\_\_ Location: \_\_\_\_\_ Graduation date: \_\_\_\_\_

***Post-High School Education:***

Program/College: \_\_\_\_\_ Location: \_\_\_\_\_

Dates: \_\_\_\_\_ GPA: \_\_\_\_\_

Program/College: \_\_\_\_\_ Location: \_\_\_\_\_

Dates: \_\_\_\_\_ GPA: \_\_\_\_\_

Program/College: \_\_\_\_\_ Location: \_\_\_\_\_

Dates: \_\_\_\_\_ GPA: \_\_\_\_\_

**3. WORK HISTORY**

Employer: \_\_\_\_\_ Title/role: \_\_\_\_\_ Dates: \_\_\_\_\_

Employer: \_\_\_\_\_ Title/role: \_\_\_\_\_ Dates: \_\_\_\_\_

Employer: \_\_\_\_\_ Title/role: \_\_\_\_\_ Dates: \_\_\_\_\_

**4. COMMUNITY INVOLVEMENT AND RECOGNITION:**

List any community/volunteer service, awards and recognitions, or other relevant experiences.

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**5. EDUCATIONAL INTENT OR GOALS:**

❖ What degree are you seeking? \_\_\_\_\_

❖ Which college or program do you attend? \_\_\_\_\_

❖ When are you seeking scholarship support? \_\_\_\_\_

- ❖ Please describe why you have chosen medicine as your future profession, what your professional goals are, and how you see your education serving community health needs in the North Sound region. Where do you see yourself professionally in 5 to 10 years? (*Attach additional information as needed.*)

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6. **FINANCIAL NEED**

What is your educational budget and how do you plan to finance your education? Please list all sources of income (financial aid, employment, family, loans, etc.) as well as anticipated expenses. (*Attach additional information as necessary.*)

**7. Is there anything else you wish the Selection Committee to know?**

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

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*Thank you for your interest in the North Sound Health Equity Scholarship!  
We will be in touch with you soon.  
If you have any questions, please contact the Chuckanut Health Foundation at  
info@chuckanuthealthfoundation.org or 360-671-3349.*