

Oregon Association of Surgical Technologists

Jackie Morfitt Memorial  
SCHOLARSHIP



Applications must be postmarked  
No later than:

**FEB 15, 2016**

Submit completed applications to:

OAST  
P.O. Box 1461  
WILSONVILLE, Or. 97070

Or e-mail to [mgaringeroast@gmail.com](mailto:mgaringeroast@gmail.com)

The Oregon Association of Surgical Technologists is offering Three \$200.00 scholarship to students who are currently enrolled in an accredited program in good academic standing. It is our desire to support students who aspire to a career in our field of health services.

Applicants must provide all information requested on the application including personal information, essay questions and the signed statement by a faculty member to be considered for this scholarship. Essay questions are limited to a maximum of 500 words. Applications submitted without student signatures will be considered incomplete and consequently ineligible.

The number of recipients and amount of award will vary depending upon funds available. Recipients will be recognized at the semi-annual OAST conference, newsletter and website.

**Oregon Association of Surgical Technologists  
SCHOLARSHIP APPLICATION**

**NAME**

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**ADDRESS**

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**PHONE NUMBER** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**Extra Curricular Activities and offices held**

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Let us get to know you. (500-word maximum per essay question)

1. Tell us why you want a career as a surgical technologist.
2. What are your future career goals?
3. What does 'surgical conscience' mean to you? Give us an example of how you have demonstrated surgical conscience'.

Signed statement of eligibility must be completed by program director, faculty member or registrar and attached to this application.

While it is not necessary, feel free to include a statement of any circumstances you would like to share with the scholarship committee that may be pertinent to the award decision (i.e. financial situation, multiple family members in college, dependents, etc.).

**The information included in this scholarship application is my original work. Should I be awarded this scholarship, I give my permission as indicated by my signature, to print my name and award in the "OR Communicator" Newsletter the OAST website.**

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\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Oregon Association of Surgical Technologists  
SCHOLARSHIP STUDENT VERIFICATION

STUDENT NAME: \_\_\_\_\_

NAME OF INSTITUTION:  
\_\_\_\_\_

TERM OF PROGRAM:  
\_\_\_\_\_

THE ABOVE STUDENT IS ENROLLED FULL TIME IN OUR SURGICAL TECHNOLOGY PROGRAM. THE STUDENT IS IN GOOD ACADEMIC STANDING ACCORDING TO THE STANDARDS OF OUR PROGRAM AND THEREFORE ELIGIBLE TO APPLY FOR THE OAST (OREGON ASSOCIATION SURGICAL TECHNOLOGISTS) SCHOLARSHIP.

  
  

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FACULTY SIGNATURE

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FACULTY NAME – PRINTED

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POSITION

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DATE