Northwest Dental Endowed Scholarship Fund provided by Columbia Bank

The OHSU School of Dentistry announces the Columbia Bank Endowed Scholarship Fund, a donor-funded scholarship for OHSU predoctoral students.

Columbia Bank is a Northwest community bank headquartered in Tacoma, Washington, with comprehensive solutions and expertise to meet the evolving needs of businesses and individuals.

Growth is vital to remaining a preferred option for customers. It advances the services and expertise provided on their behalf. Columbia Bank has grown both organically and through acquisition in cases in which they recognized the benefits of a strong fiscal and cultural fit. In the process, they have leveraged their community-minded, locally committed way of doing business from a single branch to a 150+ branch regional footprint throughout Washington, Oregon and Idaho.

Deadline
Completed applications with supporting documentation must be received by the School of Dentistry Office of Student Affairs by Wednesday, February 26, 2020.

Eligibility
- Must be a currently enrolled predoctoral DMD student
- Must be a resident of the states of Idaho, Oregon or Washington
- Actively participate in community service
- Must have completed the FAFSA application for the 2019-20 academic year
- Demonstrate financial need based on OHSU’s Financial Aid Office needs assessment

Award Amount
- One $3,077 scholarships applied against tuition in current year of enrollment.

Application Procedures
- Complete the Columbia Bank Scholarship application
- Must include a brief essay which details your commitment to community service, future goals, and how the scholarship would help you. The essay should not exceed 500 words (two, double-spaced pages).
- Include an official or unofficial copy of your dental school transcript.

Notification
Applicants will be notified before March 20th. The scholarship will be awarded at the ODC on Saturday, April 4th at the Oregon Convention Center during the OHSU School of Dentistry Alumni Association Awards Presentation and Lunch. Your presence is requested.

Letter of Thanks to the Donor(s)
If selected for a scholarship you must agree to write a thank you letter to the donor(s) upon receipt of the award.

Return completed application by US/campus mail, or drop off form in person, addressed to:

Columbia Bank Scholarship Fund
c/o Office of Admissions and Student Affairs
OHSU School of Dentistry
2730 SW Moody Ave. Mail code: SD-SA
Portland, OR 97201-5042
Northwest Dental Endowed Scholarship Fund provided by Columbia Bank

Instructions: Please fill out this application neatly (preferably typed). If you need extra room, you may attach a separate sheet of paper. You may also attach a resume or Curriculum Vitae. Return the application with the supporting materials to the address listed below. Deadline is Wednesday, February 26, 2020.

Name: ____________________________
Last  First  Middle

Student ID#: ____________________________

Permanent Address: ____________________________
City: ___________ State: ___________ ZIP: ___________

Permanent Phone: ____________________________

Local Address: ____________________________
City: ___________ State: ___________ ZIP: ___________

Local Phone: ____________________________
Cell Phone: ____________________________

Email: ____________________________

Are you a: (Please check only one)
US Citizen ☐  Permanent Resident ☐  F-1 Visa Holder ☐  J-1 Visa Holder ☐

Class Level:  DS1 ☐  DS2 ☐  DS3 ☐  DS4 ☐

Sex/Gender? Male ☐  Female ☐

Ethnicity  Asian Pacific Islander ☐  African American ☐  Caucasian ☐
Hispanic ☐  Native American ☐  Other ☐  ____________________________

Number of Letters of Commendation earned: ___________ out of a possible ___________

Expected OHSU graduation date: _________ (mm/yyyy)

Extracurricular and community activities: On a separate piece of paper please list the specifics of your community service involvement including number of hours of participation, your role in the activity/service and any position of leadership tied to each activity/service.

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________
Career goals: 

Signature  
Date  

I certify that the above information is accurate to the best of my ability. I authorize the OHSU School of Dentistry and the Scholarship Committee to release this scholarship application and its contents to the OHSU Foundation and/or the donors of the Northwest Dental Endowed Scholarship Fund provided by Columbia Bank. If selected for a scholarship, I agree to write a thank you letter to the donor(s) upon receipt of the award. I also understand that my presence is requested at the OHSU Annual Alumni Meeting and Awards Luncheon at the Oregon Dental Conference where this scholarship will be presented.

Signature ________________________________  Date __________________________

Please return completed applications by US/campus mail, or drop off form in person, addressed to:

Columbia Bank Scholarship Fund  
c/o Office of Admissions and Student Affairs  
OHSU School of Dentistry  
Mail code: SD-SA  
2730 SW Moody Avenue  
Portland, OR 97201-5042