Melissa Mariman, D.M.D., Endowed Memorial Scholarship

The OHSU School of Dentistry announces the Melissa Mariman, D.M.D., Endowed Memorial Scholarship, a donor-funded scholarship for OHSU predoctoral students in the third quarter of their fourth year in the dental school curriculum.

Dr. Mariman graduated from the OHSU School of Dentistry in 1999. After graduation, she accepted a position at the Bellingham Dental Clinic working mainly with underprivileged children. Through her work at the clinic, Dr. Mariman learned about the need for more anesthesiologists in the area and applied to and was accepted to Loma Linda Medical Center. She completed the program in February 2004 and returned to Washington to resume her career. Within months of returning to Washington, Dr. Mariman learned she had brain cancer. This scholarship is intended to be a living tribute to Dr. Mariman while benefiting students at the OHSU School of Dentistry.

The recipient of the Melissa Mariman, D.M.D., Endowed Memorial Scholarship will be the student who best exemplifies the characteristics of Dr. Mariman: a caring individual who shows compassion for not only the patients but classmates, someone who is diligent in their academic career, and someone who is a hard worker. There is no academic minimum GPA associated with this scholarship.

Deadline
Completed applications with supporting documentation must be received by the School of Dentistry Office of Student Affairs by Friday, March 22, 2019.

Eligibility
- Must be a currently enrolled OHSU DS4 predoctoral DMD student
- Must have completed the FAFSA application for the 2018-2019 academic year (current academic year)
- Demonstrate financial need based on OHSU’s Financial Aid Office needs assessment

Award Amount
- $2,800 awarded in the spring academic term applied against tuition and fees

Application Procedures
- Complete the Melissa Mariman, D.M.D., Endowed Memorial Scholarship application
- Must include a brief essay addressing the following question: What have you done to better your community and your dental class during your time at the OHSU School of Dentistry?

Notification
Applicants will be notified before April 1st. The scholarship will be awarded at the ODC on Saturday, April 6th at the Oregon Convention Center during the OHSU School of Dentistry Annual Alumni Annual Awards Luncheon. 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:
[Address details provided]
To: Scholarship Applicants:

Before you complete your application for this scholarship, I'd like to tell you a little about my daughter, Melissa Mariman, better known by family members as Miss or Missy. She passed away on March 27, 2005, at the age of 31.

She was a very beautiful, vivacious young woman, always on the go with so many plans for the future. She loved to read and had just started to try her hand at painting.

Miss was always a very independent and strong minded child, who bossed around her two older brothers as well as her younger one, resulting in her usually getting her way. She loved flowers and by the age of four had her own pansy bed. When the flowers were just right, she would pick them and take the bouquet to an elderly couple who lived across the street, knowing she'd be offered cookies and milk in return. As she grew older, she made all her own corsages - she thought it ridiculous for her dates to spend money on them. She was always arranging bouquets for the house and ended up doing flower arrangements for many of her friends' weddings. She certainly didn't get this talent from me! Her homes, even at college, were always filled with plants and had yards so beautiful her neighbors would comment on them.

She also loved her cats, most recently, two Himalayan cats, Manny and Biggie, and her little hospice kitten, MO, who passed away exactly one month after Miss was gone. I know that they are again together in Heaven. She also adopted Ferrel, who was an abandoned Himalayan. Ferrel came to live with me when Miss started her dental anesthesia residency in Loma Linda and Biggie joined me in 2005.

Miss was a very caring person who loved her friends and family and was very loyal. She would go out of her way to help them whenever she could, always there to give encouragement, advice or just listen. She always held a confidence close and stayed in touch with friends even if they ended up in different locales. She made sure she was home for all family events and would call me every weekend to see how I was and what was going on at home. I sure miss those phone calls.

Miss also loved to travel. She and I took many trips together. We toured Washington, DC, Arizona, New Mexico, Paris, Italy, Victoria, BC, and treated me to a week in London, our final trip together. Sometimes when I went up to Portland to visit, we might just go over to the Oregon coast or up to Seattle. She had such a curiosity about other countries and had planned to visit many more.

At the age of seven, Miss announced to the family that she was going to be a dancer and a doctor when she grew up. Dancing may have fallen by the wayside when she started high school, but she did become a doctor.
She was valedictorian of her high school, earning numerous scholarships, and went on to attend Lewis & Clark College in Portland, which she completed in 3 1/2 years. She was employed by a chemical firm for nine months before she started dental school. Although she was accepted at three other dental schools, she decided on OHSU and graduated from there in 1999 with her D.M.D.

After graduation, Miss accepted a position at the Bellingham Dental Clinic working mainly with underprivileged children and was active in the various dental organizations. Through her work at the clinic, she learned about the need for more anesthesiologists in the area and applied and was accepted into the dental anesthesia residency at Loma Linda Medical Center. She completed this program in February 2004 and went home to Seattle to begin her own practice, which she named "Cloud 9." She worked only one full day before she became ill. The night before her second day of work, she was incapacitated with a severe headache and was diagnosed with a GBM Grade IV cancerous tumor in her brain the following day. She fought a hard battle for nine months, surrounded by many loving friends and family. She appreciated their care and kindness. Miss so loved life, appreciated each day, and had so many more things she wanted to accomplish.

A very good friend of Miss' shared what Melissa had taught him with her friends and family at her gravesite. I thought I would share this with you.

Some of the things Melissa taught me:

--you can't judge a book by its cover, or its tattoos, piercings, or hair
--your ally in the garden slug war is the product Deadline
--work hard but plan many vacations
--there is always time for coffee and dessert
--chocolate is good
--life is a little bit easier with a good friend
--and when things are not going your way or times are rough....remember there is always time for coffee and dessert, and chocolate is good."

This scholarship was set up by her friends and family to assist a dental student who most personifies the character and dedication shown by Miss. I hope that my sharing Miss' story with you helps you make the most of each day. I wish you the best of luck in your future endeavors.

Sincerely,

Phyllis K. Bishop
Her Mom
Melissa Mariman, D.M.D., Memorial Scholarship Application

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 Friday, March 22, 2019.

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 □
Gender        Male □ Female □
Ethnicity        Asian Pacific Islander □        African American □        Caucasian □        Hispanic □        Native American □        Other □ ________________________________
Extracurricular and community service activities: ________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Career goals: ________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Signature
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 Melissa Mariman, D.M.D., Memorial Scholarship Endowment Fund. 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:

Melissa Mariman, D.M.D., Endowed Memorial Scholarship  
c/o Office of Admissions and Student Affairs  
OHSU School of Dentistry  
2730 SW Moody Ave. Mail code: SD-SA  
Portland, OR 97201-5042

RECEIVED: