

Division of Management

Student Diversity Support Scholarship

A scholarship focused on recognizing and increasing diversity



The Division of Management is committed to developing passionate healthcare leaders who will make impactful changes within all areas of the healthcare industry. We at the Division of Management believe that diversity (as defined by the [OHSU School of Medicine](#) as difference in ethnicity, race, gender, rural heritage, economic background, sexual orientation, cultural and belief systems and educational hardships) within our programs provides a richer educational experience for all of our students. To support this endeavor within our programs we proudly offer this Student Diversity Support Scholarship to assist one student each year who works to serve disadvantaged populations or who increases the diversity of the school in order to enrich the quality of education consistent with OHSU's mission and goals.

2019 Scholarship Award

For the 2019-2020 academic year the Student Diversity Support Scholarship will provide one student with a partial scholarship to up to \$150 per credit. The scholarship is awarded for the duration of the program, assuming that the recipient remain in good academic standing. The scholarship may only be applied to required coursework.

Qualifications

Applicants must meet both of the following requirements to be considered:

1. Be employed in a healthcare setting that serves disadvantaged populations or come from a socially or economically disadvantaged background.
2. Submitted an application for one of the following programs:
 - Graduate Certificate in Healthcare Management
 - Master of Science in Healthcare Management
 - The Healthcare MBA (joint program with PSU)

Steps to Apply:

1. Submit an application to one of the Division of Managements three programs (listed above).
2. Complete the Scholarships Application Page.
3. Complete the Scholarship Essay Page.
4. Submit Letter of Recommendation to your reference for completion.
5. Submit items 2, 3, and 4 (Scholarship Application page, Scholarship Essay and Letter of Recommendation) in one email to HCSManagement@ohsu.edu by September 13, 2019.

Division of Management

Student Diversity Support Scholarship

Fall 2019



Due: September 13, 2019

Applicant Information

Name: [Click here to enter text.](#)

Program of Study:

Employer:

Department:

Position:

Phone:

Email:

Gender:

Ethnicity:

Age:

Recommender: [Click here to enter text.](#)

Name of the person supplying your letter of recommendation.

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Applicant Essays

Please answer each of these essay questions in 500-1000 words total.

1. Please describe how your personal and professional history meets the scholarship requirement of either being employed in a healthcare setting that serves disadvantaged populations or coming from a socially or economically disadvantaged background. Tell us your story.
2. What qualities will you bring to your graduate program (personal and professional) that will enhance and enrich the diversity within that program and within the healthcare industry?
3. How do you view diversity and its impact on the healthcare industry?

[Click here to enter text.](#)

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Recommendation Letter

The following individual is applying for the Division of Management Student Diversity Support Scholarship. This scholarship supports students who work to serve disadvantaged populations or who increases the diversity¹ of the school in order to enrich the quality of education consistent with OHSU's mission and goals.

¹Diversity is defined by the [OHSU School of Medicine](#) as difference in ethnicity, race, gender, rural heritage, economic background, sexual orientation, cultural and belief systems and educational hardships).

To be completed by the applicant:

Name: [Click here to enter text.](#)
Program of Study: [Choose an item.](#)
Employer: [Click here to enter text.](#)
Department: [Click here to enter text.](#)
Position: [Click here to enter text.](#)

To be completed by the recommender:

Name: [Click here to enter text.](#)
Employer: [Click here to enter text.](#)
Department: [Click here to enter text.](#)
Position: [Click here to enter text.](#)
Relationship to applicant: [Click here to enter text.](#)

Preferred contact info:

(include your email address or phone number)

Explain the reasons why you endorse the above named individual as a candidate for this scholarship. Include relevant information such as the position to which the candidate may succeed, leadership competencies, evidence of personal commitment to the organization, opportunities for application of learning, etc.

[Click here to enter text.](#)