



About

The Jim and Cheryl Strandy Commemorative Scholarship honors the founders of Summit Rehabilitation Associates and their commitment to serving our community. The scholarship is open to students who embody Summit's core values and are in pursuit of a career in the healthcare field.

Eligibility Requirements

To be eligible for the \$2,500 Jim and Cheryl Strandy Honorary Scholarship, you must meet all of the following requirements:

Applicants must be:

- A student in good standing with a cumulative GPA of 3.25 or higher
- Planning to enroll or continue full-time in a bachelor's degree program at an accredited higher education institution in the fall directly after your graduation from high school.
- Pursuing a degree in healthcare
- Legal US citizens or residents

Applicants must not be:

- Children or grandchildren of employees, or owners of Summit Rehabilitation Associates, LLC.
- Undergraduates

Application Process

Applicants will mail the items listed below to:

Summit Rehabilitation Associates, LLC.
407 E 2nd Ave Ste 100
Spokane, WA 99202

- Completed Application
- Official Transcript
- An acceptance letter from a regionally or nationally accredited institute of higher education

Selection

- All applications will be reviewed by a selection committee comprised of members of the Summit Rehabilitation Associates Leadership Team



Award Dates & Deadlines

One scholarship in the amount of \$2,500 will be awarded annually. Applications must be postmarked by April 13th, a winner will be chosen and notified by May 3rd, and the award will be dispersed by August 2nd.

Privacy Statement

All application materials and information submitted to Summit Rehabilitation Associates become the property of Summit Rehabilitation Associates. Your personal information will not be given, sold, or distributed to third parties. We reserve the right to use the winners name and photo in any announcement or communication related to the scholarship on the company website, in marketing materials, or in social media posts. By submitting your application, you agree to our public use of your name and image.



Jim & Cheryl Strandy Commemorative Scholarship Application Form

STUDENT INFORMATION

Name (Last, First, MI):

Current Address:

Current City/State/Zip:

Are you a U.S. citizen or otherwise authorized to work in the United States?

Yes

No

Telephone Number:

E-mail Address:

ACADEMIC INFORMATION

High School Name	College Name	City/State	Dates Attended	Date of Graduation	GPA

Highlight honors or awards that you have received:

What is your involvement in extracurricular activities or volunteer work?

Describe your education plans. What are you planning to study and what kind of career are you planning to pursue?



Is there any other relevant information you want us to consider when reviewing your application?

Essay Instructions

Please submit a 300-500 word essay describing why you want to pursue a career in health care and what you want to achieve.

Certification

I hereby certify that the information I have provided on this application form and on any of the attached materials is true to the best of my knowledge. The essay is my own work and has not been duplicated or printed elsewhere. I understand that if I am awarded the scholarship, my winning essay will be posted on the Summit Rehabilitation Associate's Website and social media pages.

X

Applicant Signature

Please return completed application and requisite materials by mail to:

Summit Rehabilitation Associates, LLC
407 E 2nd Ave Ste 100
Spokane, WA 99202