



Invest in the Future

Physician Education Scholarship Program

Deadline to Apply: April 1, 2026

Eligibility: Current medical or osteopathic school students or residents who graduated from a Butte, Glenn or Tehama County high school or from California State University, Chico, and want to practice in the area.

Scholarship Amount: Up to \$3,000 per selected recipient

Number of Scholarships: The number of scholarship winners will be determined once we have received all applications. Multiple recipients may be selected.

Recipients will be announced by April 30, 2026.

Required Documents: You must submit all the following documents to be considered for the scholarship program:

- Completed application
- One-page cover letter summarizing your educational goals and your ties to our local community
- Two letters of recommendation from a professor or adviser in your current program
- A letter from the institution which must verify acceptance or good standing in the program
- Curriculum Vitae

You may mail your completed documents to the address below or submit them via email.

Enloe Health
1531 Esplanade
Chico, CA 95926
Attn: Recruiting Services Office
recruiter@enloe.org

If you have questions, please contact Enloe Health's Recruiting Office at 530-332-7143.

See reverse for application.

Application

Personal Information

First Name _____ Last Name _____

Mailing Address _____

City, State, ZIP _____

Email _____ Best Phone Number _____

Check All That Apply Butte County High School Graduate Glenn County High School Graduate
 Tehama County High School Graduate California State University, Chico, Graduate

Academic Information

Undergraduate Program and Degree _____

Medical or Osteopathic School Program _____

Date Started Program _____ Anticipated Graduation Date _____

Have You Already Started a Residency Program? Yes No

If Yes, Program Name _____ Anticipated Completion Date _____

Physician Specialty Goal _____

General Information

Are You Related to Anyone Affiliated with Enloe Health? Yes No

If yes, Name and Department _____

Did You Participate in the Junior Volunteer Program at Enloe Health? Yes No

How Did You Hear About this Scholarship? _____

Have You Been Awarded the Enloe Health Invest in the Future Scholarship in the Past? Yes No

I have read and understood the requirements and conditions of the Enloe Health Invest in the Future scholarship program. I affirm that I plan to pursue a career in a health/medical service as defined in these scholarship documents. I give permission to officials of my institution to release transcripts of my academic record and other information requested for consideration in the scholarship program. I understand that this application will be available only to qualified people who need to see it in the course of their duties. I waive the right to access letters of recommendation on my behalf. I affirm that all of this application is my own work.

I affirm the information contained herein is true and accurate to the best of my knowledge and belief.

Signature _____ Date _____