



## Oregon Scholarship Application Form

1812 W. Burbank Blvd. Suite 414, Burbank, CA 91506  
Tel: 818.465.8425 | [medicalinterpreter.com](http://medicalinterpreter.com)

- The signed application and all other documents must be in PDF format.
- All documents must be attached and sent in one single email.
- Please send your application to [scholarship@mitsemail.com](mailto:scholarship@mitsemail.com)
- A MITS representative will confirm the receipt of your application.

### Personal Information

1. Legal Name: \_\_\_\_\_  
First Middle Last
2. Oregon Home Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Country
3. Telephone: Primary (\_\_\_\_) \_\_\_\_\_ Secondary (\_\_\_\_) \_\_\_\_\_
4. Year of birth: \_\_\_\_\_ Age: \_\_\_\_\_  
(Year only)
5. Which MITS interpreting course (s) are interested in taking?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Demographic Information

To help us ensure our programs are inclusive and equitable, we ask you to voluntarily share the following information. Your responses will be kept confidential and will not affect your eligibility.

Please check or fill in the options that best describe you.

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## 1. Gender Identity (select one):

- ☐ Female
  - ☐ Male
  - ☐ Transgender Female / Trans Woman
  - ☐ Transgender Male / Trans Man
  - ☐ Nonbinary / Genderqueer
  - ☐ Different identity (please specify): \_\_\_\_\_
  - ☐ Prefer not to say
- 

## 2. Sexual Orientation (select one):

- ☐ Straight / Heterosexual
  - ☐ Lesbian
  - ☐ Gay
  - ☐ Bisexual
  - ☐ Asexual
  - ☐ Pansexual
  - ☐ Questioning / Unsure
  - ☐ Different orientation (please specify): \_\_\_\_\_
  - ☐ Prefer not to say
- 

## 3. Race (select all that apply):

- ☐ American Indian or Alaska Native
  - ☐ Asian
  - ☐ Black or African American
  - ☐ Native Hawaiian or Other Pacific Islander
  - ☐ White
  - ☐ Other race (please specify): \_\_\_\_\_
  - ☐ Prefer not to say
-

**4. Ethnicity:**

- ☐ Hispanic or Latino/a/x  
☐ Not Hispanic or Latino/a/x  
☐ Prefer not to say
- 

**5. Primary Language Spoken at Home:**

- ☐ English  
☐ Spanish  
☐ Chinese  
☐ Vietnamese  
☐ Russian  
☐ Other (please specify): \_\_\_\_\_  
☐ Prefer not to say
- 

**6. Disability Status (select all that apply):**

- ☐ I do not have a disability  
☐ Physical disability  
☐ Sensory disability (vision, hearing)  
☐ Intellectual or developmental disability  
☐ Mental health condition  
☐ Other disability (please specify): \_\_\_\_\_  
☐ Prefer not to say

**General Information**

6. Number of years of study completed: \_\_\_\_\_

Highschool: _____	Years attended _____
College _____	Years attended _____
Other _____	Year Attended _____

7. Describe a particular satisfying public or community service you have done in the last 10 years:

\_\_\_\_\_

8. Place of current employment (if any): \_\_\_\_\_

9. List your last two jobs:

1) \_\_\_\_\_

2) \_\_\_\_\_

10. What's your non-English language (s) you want to interpret into? (e.g., Spanish, Arabic, Mandarin, etc.)

\_\_\_\_\_

11. How did you learn about MITS Scholarship?

\_\_\_\_\_

12. Have you taken an interpreting course before?    Yes ☐    No ☐

If yes, which one? \_\_\_\_\_

13. An English essay of 300-500 words that answers the following three (3) questions:

1. Why are you interested in medical interpreting?
2. What do you want to accomplish in your career?
3. Why do you deserve this scholarship?

**The essay must be typed on a separate paper with your name at the top of each page. Please number each page.**

I, \_\_\_\_\_ have read and understand the MITS Scholarship terms and conditions as explained on the **Scholarship description webpage**. I confirm that I plan to pursue a career in the medical interpreting field. I affirm that all of this application, including my essay, is my own work. I attest that the information contained herein is true and accurate to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_