



Oregon Scholarship Application Form

1812 W. Burbank Blvd. Suite 414, Burbank, CA 91506
Tel: 818.465.8425 | medicalinterpreter.com

- The signed application and all other documents must be in PDF format.
- Submit proof of Oregon residency and letter of qualification issued by OHA
- All documents must be attached and sent in one single email.
- Please send your application to 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
3. Telephone: Primary (____) _____ Secondary (____) _____
4. Year of birth: _____
(Year only)
5. How many hour of continuing education do you need?

6. Do you currently provide interpreting services in Oregon?

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.

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

7. Place of current employment (if any): _____

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

9. How did you learn about MITS Scholarship?

I, _____, have read and understand the MITS Scholarship terms and conditions as explained on the scholarship description webpage. I confirm that I plan to renew my qualification status in the State of Oregon. I attest that the information contained herein is true and accurate to the best of my knowledge and belief.

Signature: _____ Date: _____