



## Dr. Bob Urata Hospice Education Fund Bartlett Regional Hospital Foundation

The Dr. Bob Urata Hospice Education Fund was established the Foundation for The End of Life Care at the Bartlett Regional Hospital Foundation. The purpose of the Dr. Bob Urata Hospice Education Fund is to support healthcare professionals in Juneau, Alaska pursuing hospice-focused education and/or training.

Dr. Bob Urata epitomized this mission. He was born in Wrangell, AK. He received his undergraduate degree in Biology from Northwestern University and his medical degree from the University of Washington. He is board certified in Family Medicine with added qualification in Geriatrics and Hospice and Palliative Medicine. He previously held positions at the Neighborhood Health Centers (Holly Park Medical Clinic) in Seattle from 1980-84 and with SEARHC Medical Clinic in Juneau from 1984-86. He worked at Valley Medical Care for 34 years before his retirement in 2020 and continuously served Southeast Alaska communities through board and charity work.

Applications requesting funding will be reviewed by Bartlett Regional Hospital Foundation's Scholarship Committee. The number and dollar amount of awards granted may vary, depending on the applications received.



## Dr. Bob Urata Hospice Education Fund Application Form

### 1. Applicant Information:

Name:

Mailing Address:

Telephone:

Email:

### 2. Professional Information:

Area of Specialization:

Years of Experience:

Name of Hospice Education Training or Educational Program Seeking:

Provider:

In-Person or Online:

If in-person, location where program is offered:

Dates of Attendance:

### 3. Essay

Page limit: 1-2 pages.

Please provide a short essay covering your goals, contributions and interest in hospice care in Juneau, Alaska.

### 4. Statement of intent:

Provide a statement of intent to return to Juneau to continue to practice after Program completion.

### 5. The following is a checklist of items required to be submitted by each applicant:

1. Application form
2. Essay
3. Statement of intent

I have read and understand the criteria for the Dr. Bob Urata Hospice Education Fund. The information I have provided is true and accurate to the best of my knowledge.

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

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

**Email application to:  
maria@brhfoundation.org**