

JOSEPH A. SHIELDS, JR MEMORIAL SCHOLARSHIP

Dr. Joseph Shields, better known to everyone in Ketchikan as Joe, was a talented and gifted orthopedic surgeon who devoted 17 years of his career to Ketchikan and Southeast Alaska. Not only was he a doctor to the community, but also a friend to many in Ketchikan. He arrived in Ketchikan in 1975 to start the first orthopedic surgery practice in town. For many years of his practice, Dr. Shields was the only orthopedic surgeon in southern Southeast Alaska.

Dr. Shields was born in Delaware and spent his childhood on a Maryland farm. He completed his undergraduate education at Johns Hopkins University, graduating from the University of Pennsylvania Medical School in 1965. He interned at Bethesda Naval Hospital at Pensacola, Florida. His interest in orthopedics developed while practicing family medicine in California. He completed an orthopedic residency program at Gorgas Hospital, Canal Zone, a 450 bed United States Government hospital facility. He had a strong interest in children's illnesses and his work in Panama was particularly fulfilling for him.

Joe was an inspiration around town. He was a part of the Ketchikan community for 17 years. There was a great sense of loss when he died. He left behind the legacy of a competent, talented and caring physician, an independent thinker and a man who accepted only excellence as his standard of medicine.

After Joe's death in 1996, his father, Joseph Shields Sr., made a generous donation in his name to be used for scholarships.

To be awarded this scholarship, the recipient must:

- 1) Have high school diploma, and have graduated at least 2 years prior to applying
- 2) Be enrolled in or accepted to a Health Care Program

Deadline for application is May 27, 2025.



JOSEPH A. SHIELDS, JR MEMORIAL SCHOLARSHIP Application Form

PART I. PERSONAL DATA

Name: _____ Birth Date: _____
Last First

Mailing Address: _____
City State Zip Code

Email Address: _____

Telephone: (h) _____ (w) _____

PART II. EDUCATION AND OTHER EXPERIENCE

List schools attended and any in which you are currently enrolled:

School	Location	Dates Attended	Field of Study	Graduation Date/Degree

Current Cumulative Grade Point Average (CGPA): _____

What is your proposed field of study? _____

PART III. ESSAY

Please include an essay of at least 250 words that describes an outline of your career plans and what inspired you to select your career. This essay should be attached to this application form.



PART IV. REFERENCES

Employer/Teacher letter(s) of reference are attached by the following people and are not related to me:

Name: _____

Address: _____

Name: _____

Address: _____

PART V. AGREEMENT

- *I understand that if given any award all applications and supporting material become the property of the Joseph Shields, Jr. Scholarship Committee.*
- *I understand that this award may be taxable in the United States.*
- *I certify that the information in this application is complete and accurate to the best of my knowledge, and I will notify the Scholarship Committee if there is any change.*
- *I understand that this application must be received in the office below no later than May 27, 2025.*

Date: _____ Signature: _____

COMPLETED APPLICATIONS SHOULD BE RETURNED TO:

Ketchikan Medical Center
Human Resources
3100 Tongass Avenue, Ketchikan, AK 99901
(907) 228-8300 ext. 7880