
Lebanon Community Hospital Foundation
Rachel Easton, R.N. Scholarship Application
Deadline: April 30

Name of applicant: _____

Student Identification Number: _____

Address: _____

Telephone: _____

High School attended: _____ Year Graduated: _____

College or University in which currently enrolled: _____

Area of major study: _____

Year in school: _____

Degree anticipated: _____

Date of expected graduation: _____

I understand that by applying for a scholarship, I give the Lebanon Community Hospital Foundation, Rachel Easton, R.N. Scholarship Committee permission to receive and review my transcripts.

Signature: _____

Date: _____