
**Samaritan Albany General Hospital Auxiliary
Scholarship Application
Deadline March 25, 2019**

Name of applicant: _____

Student Identification Number: _____

Home Address: _____

School Address: _____

Telephone (where you can be reached): _____

High School attended: _____ Year Graduated: _____

College or University in which currently enrolled: _____

Year in school: _____

Area of major study: _____

Degree anticipated: _____

Date of expected graduation: _____

I understand that by applying for a scholarship, I give the Auxiliary scholarship committee permission to receive and review my transcripts.

Signature: _____

Date: _____