



## **October 2018**

Residents of east Linn County are invited to apply for scholarships offered by the Samaritan Lebanon Community Hospital Auxiliary. Five \$1000 scholarships will be awarded in March of 2019.

To qualify, applicants must have a family home in Brownsville, Cascadia, Crabtree, Crawfordsville, Foster, Halsey, Lcomb, Lebanon, Scio, Shedd, Sweet Home, or Waterloo. Additionally, applicants must be currently attending college and majoring in a medical field. Students must be attending classes in their program at the time of scholarship application.

To apply, please submit a packet including the following information:

- An official transcript including Fall Term 2018 grades.
- A one to two page typed statement discussing why you are pursuing a degree in a health field and what your goals are.
- A completed Application Form and Cost and Resource Estimate Work Sheet.
- Please explain any special circumstances, which will help the Scholarship Committee make a fair evaluation (optional).
- A letter of recommendation signed and dated.

Completed applications, including transcripts, will be accepted starting January 2019. Please send the packet to the address shown below. Applications must be received by the committee no later than March 8, 2019. Recipients will be announced by March 22, 2018. It is hoped that recipients will attend our annual celebratory dinner. Celebrating Volunteers and Scholars, CVS, will be held on April 11, 2019. If you have questions, please call Sheryl Berger at 541-451-7062.

Please keep a copy of your application for your own records. All information received will be kept confidential.

**Scholarship Chair  
Samaritan Lebanon Community Hospital Auxiliary  
PO Box 739  
Lebanon OR 97355**

## Samaritan Lebanon Community Hospital Auxiliary Scholarship Application Deadline March 8, 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:



**SLCH AUXILIARY SCHOLARSHIP  
COST & RESOURCE ESTIMATE WORK SHEET  
12 months – September 2018 to August 2019**

**Total estimated costs and resources for September 2018 through August 2019:**

Expenses:

- \_\_\_\_\_ Tuition
- \_\_\_\_\_ Books & Supplies
- \_\_\_\_\_ Housing & Food (such as rent or house payments, utilities, phone, food, household supplies)

Will you be living in your parents' home while attending school? \_\_\_\_\_

- \_\_\_\_\_ Transportation (such as car payments, insurance, repairs, gas & oil, commuting costs or bus fares)
- \_\_\_\_\_ Medical/Dental Expenses (not covered by insurance)
- \_\_\_\_\_ Child Care
- \_\_\_\_\_ Miscellaneous (such as clothing, recreation, laundry, personal supplies, etc.)
- \_\_\_\_\_ Debts (such as VISA, other charge cards, or any time payments)
- \_\_\_\_\_ Other (identify)
- ===== **TOTAL EXPENSES**



Resources

List any resources that are or will be available to you from September 2018 through August 2019, please list in estimated dollar amounts:

_____	Job Income
_____	Spouse Earnings
_____	VA or Social Security Benefits
_____	Help from parents or relatives
_____	Public assistance (ADC, Welfare, etc.)
_____	Financial Aid (Pell, SEOG, State Need Grant, Work Study, Perkins Loan, Guaranteed Student Loan, Scholarships)
_____	Other
=====	<b>TOTAL RESOURCES</b>

**Please complete this form with details to the best of your knowledge.**

**Please feel free to make any additional comments or explanations regarding your financial situation.**