

Lebanon Community Hospital Foundation
Frank Girod, M.D., Medical Scholarship Application

Mail application to: Lebanon Community Hospital Foundation, PO Box 739, Lebanon OR 97355-0739

Application must be received by April 30.

Name of applicant: _____

Student Identification Number: _____ Date of Birth: _____

Telephone: _____ Email Address: _____

Address: _____ City _____ State _____

Zip Code: _____ Years living at this address: _____

Parents' names: _____ Parents' Telephone Number: _____

Parents' address: _____

Address when you lived in East Linn County: _____

Years you lived at that address: _____

	Name of School	Address	Year Graduated	Degree	Field of Study
Grade School					
Middle School					
High School					
*College					

***Please enclose or arrange to have your college(s) mail an official transcript to us before the deadline.**

Name of the medical school you have applied to: _____

Have you been accepted? Yes Waiting for notification

Community Service Involvements, add additional page if needed:

I understand that by applying for a scholarship, I give the Girod Scholarship Committee permission to receive and review my transcripts.

Signature: _____ Date: _____

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Total estimated costs and resources for the time period _____ to _____

EXPENSES:

- _____ Tuition
- _____ Books and Supplies
- _____ Housing/Food (rent/mortgage, utilities, phone, food, household supplies)
- _____ Transportation (car payment, insurance, repairs, gas, bus fare, commuting costs)
- _____ Medical/Dental Expenses (not covered by insurance)
- _____ Day Care
- _____ Miscellaneous (clothing, recreation, laundry, personal supplies, etc.)
- _____ Debts (charge cards, loans, time payments)
- _____ Other (identify)
- _____ TOTAL EXPENSES

RESOURCES:

- _____ 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 (identify)
- _____ TOTAL RESOURCES

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

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Check List

- Cover Letter (to include your goals and progress)
- Completed Application
- Annually enclose official college transcripts (sealed envelope) or arrange for college to mail directly to LCH Foundation