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

Name of applicant: _____

Student Identification Number: _____

Address: _____

Email: _____

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: _____

Lebanon Community Hospital Foundation
Rachel Easton, R.N. Scholarship
Cost & Resource Estimate Work Sheet

Total estimated costs and resources for time period _____ to _____

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 during this time frame:

_____ 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

===== TOTAL RESOURCES

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