Residents of east Linn County are invited to apply for scholarships offered by the Samaritan Lebanon Community Hospital Auxiliary. Scholarships will be awarded in March of 2020, typically five scholarships in the amount of $1,000 each are awarded each year.

To qualify, applicants must have a family home in Brownsville, Cascadia, Crabtree, Crawfordsville, Foster, Halsey, Lacomb, 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 2019 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 2020. Please send the packet to the address shown below; these must be received by the committee no later than 12:00 PM (noon) on March 6, 2020. Recipients will be announced by March 23, 2020. Recipients are invited to attend Celebrating Volunteers and Scholars (CVS), our annual celebratory dinner. CVS will be held at Samaritan Lebanon Community Hospital on April 23rd at 5:30 PM. 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
2020 Scholarship Application

** The deadline for submissions is 12:00 PM, March 6, 2020. There are no exceptions. Complete application must be in our office regardless of postmark date. Thank you!

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 2019 to August 2020

Total estimated costs and resources for September 2019 through August 2020:

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

List any resources that are or will be available to you from September 2019 through August 2020, 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

______ TOTAL RESOURCES

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.