# *Lebanon Community Hospital Foundation*

**John and Carol Dinges Medical Scholarship**

**Deadline: April 30**

The $1,500 John and Carol Dinges Medical Scholarship is intended to provide financial support for the education of an individual who desires to enter a medical field for the first time. The funds will be sent directly to the college for the student’s tuition.

The scholarship is to be used for one of the following programs of study, which are listed in order of preference:

1. Nursing Assistant
2. Medical Assistant
3. Medical Office Specialist
4. Nursing
5. Dental Assistant
6. Diagnostic Imaging
7. Health Promotion and Education
8. EMT
9. Medical Transcriptionist
10. Other LBCC medical field classes

The scholarship is needs-based. It is open to any resident of East Linn County and is to be used at any campus of Linn-Benton Community College. Preference will be given to applicants who have attended Lebanon High School, although other applicants are eligible, as well.

All applicants must complete the application form. Letters of recommendation and high school transcripts are optional and may be submitted along with the application. Please note that those who have attended Lebanon High School must submit a transcript or other proof of having attended.

The application and any letters and/or transcripts must be received by April 30 of the current year. These should be sent to the attention of LCH Foundation at the address below. The recipient will be announced by June 1. Applications are open Jan. 1 to April 30.

John and Carol Dinges Medical Scholarship

c/o LCH Foundation

P.O. Box 739

Lebanon OR 97355

# Lebanon Community Hospital Foundation

**John and Carol Dinges Medical Scholarship**

**Application**

Name of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of high school attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you graduate: Date of graduation or GED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date that you plan to attend LBCC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area of study:

Certification or degree anticipated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of expected completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you be living with your parents while attending LBCC? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which of the following resources will be available to you while attending LBCC?

\_\_\_\_\_Job Income \_\_\_\_\_Help from parents, spouse or relative

\_\_\_\_\_Public Assistance \_\_\_\_\_VA or Social Security Benefits

\_\_\_\_\_Financial aid (other scholarships, grants, Work Study, Pell, SEOG, etc.)

I understand that by applying for a scholarship, I give the Lebanon Community Hospital Foundation and the John and Carol Dinges Scholarship Committee permission to receive

and review my transcripts.

Signature: Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_