

## John and Carol Dinges Medical Scholarship

The 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 will fund at least one, \$7000 scholarship annually.

**Applications must be received by April 30. Email completed applications and supporting documents (if applicable) to Lebanon Community Hospital Foundation Executive Director, Brandy O'Bannon at [bobannon@samhealth.org](mailto:bobannon@samhealth.org)**

*The Samaritan Foundations do not discriminate on the basis of race, color, national origin, sex, disability, age, religion, sexual orientation, gender identity, or any other characteristic protected by law in its scholarship programs and activities. We are committed to providing equal opportunity for all applicants. If you require accommodations or assistance to complete the application process, please contact [SHSFoundations@samhealth.org](mailto:SHSFoundations@samhealth.org)*

### Scholarship Guidelines:

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

1. Nursing
2. Nursing Assistant
3. Diagnostic Imaging
4. Pharmacy Tech
5. EMT
6. Medical Assistant
7. Medical Office Specialist
8. 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.

**John and Carol Dinges Medical Scholarship  
Applicant Information**

**Name of Applicant:** \_\_\_\_\_

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

**Contact Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Education Information**

**Name of High School Attended:** \_\_\_\_\_

**Did you graduate?** Yes  No  **Date of Graduation or GED:** \_\_\_\_\_

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

**Area of Study:** \_\_\_\_\_

**Certification or Degree Anticipated:** \_\_\_\_\_

**Expected Completion Date:** \_\_\_\_\_

**Will you be living with your parents while attending LBCC?** Yes  No

**Available Resources**

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

Job Income  Help from parents, spouse, or relatives  Public Assistance  VA or Social Security Benefits  Financial Aid (scholarships, grants, Work Study, Pell, SEOG, etc.)

**Applicant Authorization**

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:** \_\_\_\_\_