

Frank Girod, MD, Medical Scholarship Fund

The Girod Medical Scholarship Fund was established by the Lebanon Community Hospital Development Council and was funded by numerous contributions made by friends and family of Dr. Frank Girod. The purpose of the Girod Medical Scholarship Fund is to honor the lifetime contribution to healthcare made by Dr. Frank Girod and to assist new students of medicine to also be able to make such contributions. The scholarship program is coordinated by the LCH Foundation and is designed to help residents of East Linn County who are attending medical school.

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

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

Scholarship Guidelines:

1. Funds will be disbursed from the Girod Scholarship Fund.
2. Scholarships will be funded by earnings only. Earnings are defined as income from interest, dividends and realized and unrealized capital gains.
3. A three-year moving average method shall be used for determining the amount available for distribution to help offset the fluctuations in yearly earnings.
4. The Girod Scholarship Committee will determine the amount and number of scholarships awarded on an annual basis based on the amount available.
5. The Girod Scholarship Fund will be managed by the LCHF Finance Committee as a separate investment fund using the investment guidelines approved from donor designated/temporarily restricted funds. Earnings from this fund shall be board restricted for Girod Scholarship distributions.
6. Deadline for application is April 30.
7. Recipients will be selected without regard to race, gender, creed, color, national origin, disability or age.
8. Funds will be paid directly to recipient's school.
9. Primary consideration will be given to medical students, but if no qualified applicants apply, the selection committee may accept applications from students accepted to or attending an accredited nursing school. If no applications are received from either of the groups, the selection committee may consider applications from students accepted to or attending an accredited school of physical therapy, respiratory therapy, laboratory sciences, pharmacy and/or special imaging sciences.

Qualifications:

1. Student must have a primary residence in either Brownsville, Cascadia, Crabtree, Crawfordsville, Foster, Halsey, Lcomb, Lebanon, Scio, Shedd, Sweet Home, Tangent or Waterloo. (Preference will be given to applicants who were raised in these cities, although other applicants are eligible as well.) Having a primary residence is defined as:
 - a. Currently living in the community or living there before medical school;
 - b. Having graduated from high school in the community; or
 - c. Having parents who live in the community and lived there before the student entered medical school.
2. Student must be accepted to or attending an accredited medical school.
3. Student must annually demonstrate a dependable attitude, responsible performance, and a commitment to the general requirements of the medical profession.

4. Student must annually provide a written statement of his/her goals and any community service involvement.
5. Student must be willing to report once a year to the Girod Scholarship Committee on progress of studies and be willing to have a portion of that report used in future solicitation materials.

SCHOLARSHIP DECISIONS: A committee comprised of a member of the Girod family, a member of the Samaritan Lebanon Community Hospital (SLCH) medical community, a member of SLCH Administration and any other members designated by the committee will review the applications and award the scholarship(s).

Check List

- Cover Letter (to include your goals and progress)
- Completed Application
- Annually submit official medical college transcripts, which may be included as a PDF within the application packet or sent directly from the college to the Lebanon Community Hospital Foundation.
- If first year applying for Girod Scholarship, also include prior college transcripts

Frank Girod, M.D., Medical Scholarship Application

Applicant Information

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: _____

Education History

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

*Please prepare your transcripts in PDF form and email with the application packet.

Medical School Information

Name of the medical school you have applied to: _____

Have you been accepted? Yes Waiting for notificationWhat year are you in school? 1st 2nd 3rd 4th**Community Service**

Community Service Involvements, add additional page if needed:

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

Signature: _____ Date: _____

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.
