
Samaritan Lebanon Community Hospital Auxiliary 2026 Scholarship Application

**The deadline for submissions is 12:00 PM, February 19, 2026. There are no exceptions.
Application and supporting documents must be in our office regardless of postmark date.**

Name of Applicant: _____

Student Identification Number: _____

Home Address: _____

College 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: _____