



**SAGH Volunteer Services Scholarship
Graduating High School, College/University Student
Recipient Selection Criteria**

Dear Scholarship Applicant:

The Samaritan Albany General Hospital Volunteer Services is proud to offer scholarships each year for tuition, books and required program supplies to students pursuing higher education in a human medical field. Samaritan Albany General Hospital Auxiliary Gift Shop sales and miscellaneous special event proceeds are used to fund the scholarships.

An applicant must maintain a permanent residence in the area served by Samaritan Albany General Hospital and Samaritan Physicians. Applicant must have an address in one of the following cities: Albany, Jefferson, Tangent, Halsey, Shedd, Brownsville, Scio or Crabtree.

The following documents must be completed and included in your application packet:

- Scholarship Application
- School Verification Form
- Cost & Resource Estimate Work Sheet
- Letters of Recommendation
- Official Transcript
- One Page Essay

The application will be rated using the following criteria:

- GPA
- Quality of classes
- Applicant need
- Volunteer activities/employment outside of school
- Activities sponsored by school
- Quality of application

Incomplete applications will not be considered or returned. If awarded, a recipient may only receive a scholarship 4 times.

If you have any questions, please contact Scholarship Committee Chairperson and Volunteer Services Coordinator; Nichole Chamberlain at 541-812-4185.

**Applications must be postmarked and mailed or received by hand-delivery, to the attention of
Nichole Chamberlain, Volunteer Services Coordinator c/o
SAGH Department Volunteer Services,
1046 6th Avenue SW, Albany, Oregon 97321
no later than April 29, 2020.**

**Samaritan Albany General Hospital Auxiliary
Scholarship Application
Deadline April 29, 2020**

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: _____

**SAGH AUXILIARY SCHOLARSHIP COST
& RESOURCE ESTIMATE WORK SHEET**

12 months – September 2020 to August 2021

Total estimated costs and resources for September 2020 through August 2021:

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 2017 through August 2018, 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.