

The Lodi Memorial Hospital Foundation Scholarship Application

Instructions:

Application should be typed or neatly printed in ink.

Please submit this application, signed with completed references and transcripts (if applicable) to LMHF Scholarship, 845 So. Fairmont, Suite 3, Lodi, CA 95240.

The deadline for this application is **April 1st**.

Scholarship finalists will be called for a personal interview.

Award announcement is April 30th.

Personal Information

Name _____

Mailing Address _____

City/State/Zip _____

Area Code/Telephone Number _____

Social Security Number (last 4 digits only) _____

Date of Birth ____/____/____

Educational or Vocational Plans

Your major field of study _____

Your future vocational plans _____

Expected enrollment date _____

Degree or certificate you plan to obtain:

A.A. B.A. B.S. M.A. Ph.d. Certificate

High School or College presently attending _____

Colleges to which you are applying, in order of preference:

1. _____

2. _____

3. _____

4. _____

How do you plan to pay for college, including any financial aid or assistance?

School

School presently attending _____

Name of Scholarship Coordinator at your school _____

Honors and Awards (year and nature of honor/award)

Offices and Leadership Positions held (Organization, Position and Year)

Organization or Club Membership (Name and Year)

Work

Current Employer _____

How long have you been with this employer _____

Job Description/Duties

Honors, awards or recognition received related to work (name and date)

Civic and Other

Honors and awards received in the community

Offices and leadership positions held in the community _____

Civic club or organization membership _____

Community activities participation _____

Additional Application Information

Certified transcripts of your High School or College (if applicable) must be submitted for consideration of a scholarship award.

Letters of Recommendation

Submit two letters of recommendation to support your qualification for this scholarship.

