

The Lodi Memorial Hospital Foundation Scholarship Application

Eligibility

The LMHF Scholarship is open to all persons residing in the coverage area of Lodi Memorial Hospital. The applicant does not need to be a current student. The scholarship is available to adults returning to the work force and requiring education. If the applicant is an existing student, the applicant must have 2.75 or greater GPA.

Recipients who re-apply must maintain a minimum 3.0 GPA to receive funding. If GPA is 2.9 or below, the review board will determine continued eligibility; submission of transcript is required, and applicant must be a full-time student at an accredited college.

Basis of Award

Selection of recipients will be on achievement or merit bases as determined by transcripts, moral and leadership qualities. Finalists will undergo a personal interview. The amount of the scholarships available will be determined at the time the recipients are chosen. Scholarships will be distributed directly to the school of the student's choice upon receiving proof of enrollment. Any funds not used for any reason will be returned to the LMHF Scholarship Fund.

Application Deadline

Application to this scholarship program is made by returning the signed, completed application form to the LMHF Office at 845 S. Fairmont Ave, Suite 3, Lodi, CA 95240 by **April 1st**. For questions concerning this scholarship program, call the LMHF office at (209)339-7833.

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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 _____

Date of Birth ____ / ____ / ____

Educational or Vocational Plans

Your major field of study _____

Your future vocational plans _____

Expected enrollment date _____

Degree or certificate to 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

1. _____

2. _____

3. _____

4. _____

School

School presently attending _____

Name of Scholarship Coordinator at your school _____

Honor 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 or Awards or Recognition Received (Name and Date)

Organization or Club Membership (Name and Year)

Civic and Other

Honors and Awards received in the community

Offices and Leadership Positions Held _____

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.

Please sign and date this application and forward to Lodi Memorial Hospital
Foundation c/o Scholarship Fund, 845 S. Fairmont Ave, Ste 3, Lodi, CA 95240

Signed _____ Date _____