

The Lodi Memorial Hospital Foundation

2019 Scholarship Application

Instructions:

- Application should be typed, neatly printed in ink or completed online. We strongly suggest you view the specific scholarship award criteria on our website: www.lmhfoundation.org/scholarships.
- Please submit this application **signed, with two current references along with sealed certified transcripts** to LMHF Scholarship, 845 S. Fairmont Ave., Suite 3, Lodi, CA 95240. **Application Package Deadline: March 22nd at 5:00 p.m. in Foundation office.**

Personal Information:

Name: _____

Mailing Address: _____

City/State/Zip: _____/_____/_____

Area Code/Telephone Number _____/_____

Social Security Number (last 4 digits only): _____

Date of Birth: ____/____/____ Email Address: _____

Have you ever been awarded a scholarship from/and which scholarship(s) are you applying for this year:

1. Lodi Memorial Hospital Foundation YES Year _____ Amount _____ Applying for ____
2. Lodi Memorial Hospital YES Year _____ Amount _____
3. Boehmer Scholarship Fund YES Year _____ Amount _____ Applying for ____

Educational or Vocational Plans:

Name of High School graduated: _____ Year: _____

Your major field of study: _____

Your vocational plans: _____

College/Vocational Program Enrollment date: ____/____

Degree or certificate you plan to obtain:

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

Colleges/Vocational Programs you applied to in order of preference:

1st. _____ 2nd. _____

3rd. _____ 4th. _____

Finance:

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

Father: _____ Employer and Position: _____

Mother: _____ Employer and Position: _____

School:

School presently attending: _____

Name of High School Scholarship Coordinator at your school: _____

Honors, Awards and Recognition received related to school (year and nature of honor/award/recognition):

Offices and Leadership Positions held at school (Organization, Position and Year):

Organization or Club Membership at school (Name and Year):

Work History (5 Years):

Current Employer: _____

How Long at current employer _____ Work Hours per Week: _____

Job Title/Duties: _____

(Work History Cont'd)

Previous Employer: _____

How long with previous employer: _____ Dates: _____

Job Description/Duties: _____

Honors, Awards and Recognition received related to work (year and nature of honor/award/recognition):

Community/Volunteer Activities and Awards:

Honors, Awards, Recognition and Professional Affiliations received in the community (year/nature of):

Offices and Leadership Positions held in the community (Organization, Position and Year): _____

Civic Organization or Club Membership in the community (Name and Year):

Community activities participation: _____

Additional Application Requirements:

Transcripts

Current certified and sealed transcripts from your High School, College or Vocational School **must be received by March 22nd at 5:00 p.m.** to be considered for our 2019 scholarships.

Letters of Recommendation

Two current letters of recommendation are required with your application to support your qualifications for our scholarships. Working professionals- one of those letters should be from your direct supervisor/manager.

Goals:

Please state below your educational plans and vocational or professional goals, including any comments you feel are of importance concerning your future educational plans. You may attach a sheet to this application. Please note it below.

Please sign and date this application. Attach 2 letters of recommendation and sealed/certified transcripts. You may also have transcripts mailed from your school to arrive by March 22nd, 5 p.m.: **Lodi Memorial Hospital Foundation - Scholarship, 845 S. Fairmont Ave, Ste 3, Lodi, CA 95240.** **Applications, letters and transcripts must arrive in the Lodi Memorial Hospital Foundation office no later than March 22nd. Late or incomplete applications will not be considered for a scholarship.**

Signed: _____ Date: _____