

Lodi Memorial Hospital Foundation

2020 Scholarship Application

Instructions:

- Applications **must be completed online** and printed to submit. Please do not staple pages together. We strongly suggest you view the specific scholarship guidelines 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 20th at 5:00 p.m. in our 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:

Lodi Memorial Hospital Foundation YES Year _____ Amount _____

Boehmer Scholarship Fund YES Year _____ Amount _____

Lodi Memorial Hospital YES Year _____ Amount _____

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:

Father: _____ Employer and Position: _____

Mother: _____ Employer and Position: _____

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

Are there any other factors the committee should take into consideration?

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: _____

Previous Employer: _____

How long with previous employer: _____ Dates: _____

Job Description/Duties: _____

Community/Volunteer Activities and Awards:

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

Civic Organization or Club Membership in the community (Organization and Year, Leadership Position Held):

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 20th at 5:00 p.m.** to be considered for our 2020 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.

