

# The Lodi Memorial Hospital Foundation

## 2023 Scholarship Application

### Instructions:

- You must use our application form. Applications **must be typed online** and printed out. Please do not staple pages together. We strongly suggest you study and print the specific scholarship guidelines on our website before beginning this process: [www.lmhfoundation.org/scholarships](http://www.lmhfoundation.org/scholarships).
- Please submit this **application signed, with two current references along with sealed & certified, or school transmitted transcripts**, to LMH Foundation Scholarship, 845 S. Fairmont Ave., Suite 3, Lodi, CA 95240. **Deadline: March 1<sup>st</sup>, 2023.**

### 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 _____ |
| 2. Boehmer Scholarship Fund          | YES | Year _____ | Amount _____ |
| 3. Lodi Memorial Hospital            | YES | Year _____ | Amount _____ |

### Educational/Career Plans:

Name of High School graduated: \_\_\_\_\_ Year: \_\_\_\_\_

Your major field of study: \_\_\_\_\_

Your career plans: \_\_\_\_\_

College/Health Care Program Enrollment date: \_\_\_\_/\_\_\_\_

Degree or certificate you plan to obtain:

A.A.    B.A.    B.S.    M.A.    Ph.d.    CNA \_\_\_\_\_ Technician

Colleges/Health Care Programs you applied to in order of preference:

1<sup>st</sup>. \_\_\_\_\_ 2<sup>nd</sup>. \_\_\_\_\_

3<sup>rd</sup>. \_\_\_\_\_ 4<sup>th</sup>. \_\_\_\_\_

**Finance:**

Father: \_\_\_\_\_ Employer and Position: \_\_\_\_\_

Mother: \_\_\_\_\_ Employer and Position: \_\_\_\_\_

How do you plan to pay for college/program, include any financial aid, family assistance, loans & scholarships?

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Other factors the Scholarship Committee should take into consideration (family obligations, life challenges...):

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**School/Health Care Program:**

School/Health Care Program presently attending: \_\_\_\_\_

Name of Scholarship Coordinator: \_\_\_\_\_

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

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

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

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## 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 (Name and Year):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Community activities participation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Additional Application Requirements:

### Transcripts

Current certified and sealed or transmitted transcripts (**emailed directly from school to [choff@lmhfoundation.org](mailto:choff@lmhfoundation.org)**) from your High School, College or Program **must be received by March 1<sup>st</sup>** to be considered for 2023 scholarships.

### Letters of Recommendation

Two current (within 6 Months) letters of recommendation are required with your application to support your qualifications for our scholarships. Working professionals- one of those letters must be from your direct supervisor/manager.

