

The Lodi Memorial Hospital Foundation

2024 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.
- Please submit this **application signed, with two current, dated references along with sealed & certified, or school transmitted transcripts** to LMH Foundation Scholarship, 845 S. Fairmont Ave., Suite 3, Lodi, CA 95240. **Deadline: March 1st, 2024.**
- All Communications will be via email from choff@lmhfoundation.org, check your junk.**

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:

1st. _____ 2nd. _____

3rd. _____ 4th. _____

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?

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

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):

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 (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**) from your High School, College or Program **must be received by March 1st** to be considered for 2024 scholarships. Alert her that school is transmitting.

Letters of Recommendation

Two current (written within 6 Months, with date) letters of recommendation are required with your application to support your qualifications for our scholarships.

Goals: (**Limit to This Page Typed**)

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12/23

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