

The Lodi Memorial Hospital Foundation

2025 Scholarship Application

Instructions:

- You must use our application form. **Applications must be filled in online, then print it 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 **application signed, with two current, dated recommendations plus sealed & certified, or school transmitted transcripts** to LMH Foundation Scholarships, 845 S. Fairmont Ave., Suite 3, Lodi, CA 95240. **Deadline: March 2nd, 2025.**
- Please add choff@lmhfoundation.org to your contacts to receive all communications.**

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:

- | | | | |
|--------------------------------------|-----|------------|--------------|
| 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: _____

School Honors, Awards and Recognitions received for current school (nature of honor/award):

School Offices and Leadership Positions held for current school (Organization, Position):

School Organizations or Club Memberships for current school (Name):

Work History:

Current Employer: _____

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

Job Title/Duties: _____

Previous Employer: _____

Dates worked with previous employer: _____ Hours per Week: _____

Job Description/Duties: _____

Community/Volunteer Activities and Awards:

Community Honors, Awards, Recognitions and Professional Affiliations received in the current school:

Community Civic Organizations or Club Memberships in the current school (Name, Year and Approx. Hrs.):

Current Community activities participation (Approx. Hrs.): _____

Additional Application Requirements (Do Not Staple Packet Together):

Transcripts

Current certified and sealed or transmitted transcripts (**emailed directly from school to Carolyn Hoff at choff@lmhfoundation.org**) from your High School, College or Program **must be received by March 2nd** to be considered for 2025 scholarships. Notify Carolyn that the 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 One Page Typed. Must be Signed and Dated)

