

**Lindsay District Hospital Guild Part Time Enrollment Scholarship**

P.O. Box 601 Lindsay, California 93247

Application Date \_\_\_\_\_

**\*\*\*must be a Lindsay High or Strathmore High graduate or a current resident\*\*\*  
enrolled in a medical vocational school or program  
or college with medical certification program (with 12 units completed at college level)**

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Physical Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mailing address (if different) \_\_\_\_\_

High School attended \_\_\_\_\_ Graduation Date \_\_\_\_\_

College attended \_\_\_\_\_ Units completed \_\_\_\_\_

College address \_\_\_\_\_

Community activities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employment history \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Field of Study \_\_\_\_\_

Career Goal \_\_\_\_\_

Send an official copy of high school and college transcripts, three (3) references on enclosed forms (1-Instructor, 2-Employer/non school related person, 3-personal friend)

Please include a personal biography about yourself and your family.

Mail to: Lucy Nardiello  
Lindsay Hospital Guild  
P.O. Box 601  
Lindsay, California 93247

If you have any questions, you may contact me via e-mail: [tlnar@ocsnet.net](mailto:tlnar@ocsnet.net)

**APPLICATION AND REFERENCES MUST BE RECEIVED BY MARCH 31**  
**FOR PRE ENROLLED COURSE Or July 31 for September enrollment**