



# Omni Family Health SCHOLARSHIP APPLICATION

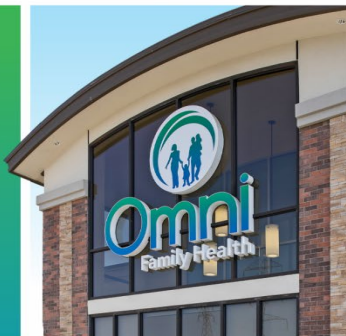
## ABOUT OMNI FAMILY HEALTH

Omni Family Health (Omni) is a nonprofit organization and growing network of state-of-the-art health centers located throughout Kern, Kings, Tulare, and Fresno counties. Since 1978, Omni has provided high-quality primary and preventative healthcare to individuals and families throughout our communities, including comprehensive medical, dental, behavioral health, pharmacy, and more. As of today, we proudly serve more than 135,000 patients.



### MISSION

"Omni Family Health is committed to improving the health of our communities by providing the highest quality healthcare to everyone."



### VISION

"Omni Family Health will be the leading provider of quality healthcare by improving health, one patient at a time, through compassion and individual attention to everyone."

## SCHOLARSHIP APPLICATION

With a deep-rooted commitment to serving our communities and investing in our youth, Omni proudly awards one-time **\$1,000** scholarships on an annual basis to local college-bound high school seniors pursuing careers in the healthcare industry. If you are looking to advance your education in the healthcare industry, Omni invites you to review the eligibility requirements and complete our scholarship application.

- ❖ Reside within Omni's service areas (Kern, Kings, Tulare, or Fresno county)
- ❖ Express an interest in pursuing a career in the healthcare profession
- ❖ Current year high school graduate, with a cumulative 3.5 GPA or higher for grades 9-12

*On behalf of the Omni Family Health Board of Directors, Executive Management Team, providers, and staff, we wish you the very best on your educational and career endeavors.*

# OMNI FAMILY HEALTH SCHOLARSHIP APPLICATION



(866) 707-OMNI (66 64) • [www.OmniFamilyHealth.org](http://www.OmniFamilyHealth.org)

## PERSONAL INFORMATION

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Sex: \_\_\_\_ Age: \_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: CA ZIP: \_\_\_\_\_

## HIGH SCHOOL AND COLLEGE INFORMATION

High school currently attending: \_\_\_\_\_ GPA: \_\_\_\_\_

College to be attending: \_\_\_\_\_

Intended career: \_\_\_\_\_

Current employment, if applicable: \_\_\_\_\_

Please list any academic honors, awards, or special recognitions you have received:

Award: \_\_\_\_\_ Year: \_\_\_\_\_ Description: \_\_\_\_\_

Award: \_\_\_\_\_ Year: \_\_\_\_\_ Description: \_\_\_\_\_

Award: \_\_\_\_\_ Year: \_\_\_\_\_ Description: \_\_\_\_\_

Award: \_\_\_\_\_ Year: \_\_\_\_\_ Description: \_\_\_\_\_

Please list any high school, extracurricular, or community service activities you participate in:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_







## PHOTO/VIDEO/RECORDING CONSENT FORM

- 1) I authorize Omni Family Health, and its agents to photograph, videotape, audio record, televise, duplicate, and/or otherwise record my image/voice and likeness. I understand that Omni Family Health will own these images.
- 2) I irrevocably authorize Omni Family Health, and its agents to use, display, publish, and distribute these images for any purpose on websites, social media, publications, broadcasts, display, and any other medium, and to offer these recordings to others for use in non-medical mediums.
- 3) I waive any right to inspect or approve these images or material that may be used with them now or in the future whether that use is known to me or not.
- 4) I release Omni Family Health, its employees and agents from all liability arising out of the use of these images, including but not limited to any claims arising out of my right of privacy or right of publicity and any claims based on any distortions, optical illusions, or reproductions.
- 5) I understand that I will not be compensated for any use of these images.
- 6) I understand that this is a legal document and represent that I have read it and understand it and am signing it voluntarily.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed name: \_\_\_\_\_ Relationship: \_\_\_\_\_

### If the person listed above is under age 18, a parent or guardian must complete the following:

Printed name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



## SUBMISSION

To be eligible for the Omni scholarship, please submit the following:

- 1) Complete scholarship application
- 2) Sealed official transcript
- 3) Sealed letters of recommendation from a minimum of three (3) teachers or administrators

Omni encourages all submissions to include a senior year photo and the signed photo/video/recording consent form to proudly recognize award recipients. All applications must be postmarked or hand-delivered to Omni's corporate office **by March 29, 2024**. Late or incomplete applications will not be accepted. All applications should be returned to the following address:

Omni Family Health  
Attn: Scholarship Committee  
4900 California Avenue, Suite 400B  
Bakersfield, CA 93309