

OMNI FAMILY HEALTH SCHOLARSHIP APPLICATION

(866) 707 - OM NI (66 64) • www .Omni Fami l y He al th .org



PERSONAL INFORMATION

Last name: _____ First name: _____ Sex: _____ Age: _____

Telephone number: (____) _____ Email address: _____

Home address: _____ City: _____ State: CA ZIP: _____

Are you an immediate family member of an Omni Family Health employee? Yes ☐ No ☐

If yes, provide the full name of the Omni Family Health employee: _____

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:

LETTER OF RECOMMENDATION

The following individual has provided a letter of recommendation in support of my scholarship application:

Name: _____

ESSAY

Please explain why you should be selected for the Omni Family Health scholarship. In your essay, address information about your education, career aspirations, personal goals, unique experiences, and highlight your strengths. Attach an additional sheet, if needed.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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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) Completed scholarship application
- 2) Official transcript with a cumulative GPA of 3.5 or higher for grades 9-12 or 3.2 GPA or higher for immediate family members of Omni Family Health employees for grades 9-12
- 3) One letter of recommendation
- 4) Signed Photo/Video/Recording Consent Form

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 submitted via email by **5:00 pm Friday, February 20, 2026** to scholarships@omnifamilyhealth.org. Late or incomplete applications will not be accepted.