



VOCATIONAL SCHOLARSHIP APPLICATION

LEE HENDERSON MEMORIAL SCHOLARSHIP FUND

Job Skill Training, Certification Programs, and Trade Schools

Applicant's Name _____

Applicant's Address _____
Street City State Zip

Applicant's Email _____ Telephone Number _____

I. Please tell us about your affiliation with AG HEALTH BENEFITS ALLIANCE:

Name of the group health plan member? _____

Name of employer: _____

Please circle your relationship to the participant and provide the applicable date:

Self	Date of Birth _____
Spouse	Date of Marriage _____
Child (under age 25)	Date of Birth _____
Grandchild (under age 25)	Date of Birth _____

Participant's Health Care Identification Number (HCID): **W00** - __ - ____ (this number is located on the participant's health care ID card)

II. Please tell us about yourself and your goals (attach additional sheet if needed):

1. What is your current work and/or daily experience? _____

How long have you been in your current position? _____

Please list any past work/life experiences that relate to the training you are interested in.

2. What kind of technical or job training would you like to receive?



How would this training help you? _____

3. Please provide information about the school or organization providing the training:

Name _____

Address _____

How is this training conducted? (*circle one*) In-person Online Combination of both

How long would this training program take to complete? _____

4. How would the skills you gain from this training support your goals?

III. Please tell us how this scholarship will help you financially:

1. What is your anticipated cost for enrollment? _____ Related Expenses? _____
TOTAL _____

2. Have you applied for or received any other funding to complete this program? _____ YES _____ NO

a. If YES, please provide the source and amount granted. _____

IV. Please include at least one or professional or personal letter(s) of recommendation.

Application Deadline: March 31, 2025



Return your completed application by March 31, 2025

By email: info@aghealthbenefits.org

By mail: AHBAEF Scholarship Committee; 5 Financial Plaza, Suite 116; Napa, CA 94558

Scholarships will be awarded based on fair, objective, and non-discriminatory methods. Finalists will be chosen based on information provided in the written application and a virtual interview with the Selection Committee. AHBAEF will notify award recipients by mail. Scholarships will be issued upon proof of educational enrollment and acceptance of program terms.

By signing this application, I am stating that all information that I have submitted is truthful and accurate.

Signature of Applicant

Date

If under age 18, print the name of the Parent/Guardian Approving of Application Submission

Signature of Parent/Guardian

Date

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