



LifeSpring Foundation of Indiana

2019 Scholarship Application Form

Due:

Postmarked by April 5, 2019

Submit to:

LifeSpring Foundation of Indiana

460 Spring Street

Jeffersonville, IN 47130

Scholarship applications may also be completed and submitted at

<https://goo.gl/forms/oGJ2Y5OZlpxhzTjj2>

For questions, please contact Lindsey Davis at 812-206-1209 or
lindsey.davis@lifespringhealthsystems.org.



Scholarship Guidelines

Personal Involvement:

Listed in detail extracurricular activities, with an emphasis on services/activities involving youth, special needs, or those with a mental illness diagnosis.

Education and Future Plans:

Either separately or included in the Personal Insight Essay, introduce yourself and give a detailed plan for future educational and career goals.

Personal Insight Essay:

If not already defined, give a detailed account of your plans of study in the mental health or public service field and include career goals. This essay should contain any real-life experiences with person(s) having a mental illness/substance abuse disorders (whether it be a family member or friend), what you have learned from these experiences or your studies about mental illness/substance abuse disorders, and how our society could better provide services to meet mental health needs.

References and Transcript:

Please submit no more than TWO letters of reference from non-family members as well as a transcript to date.

Submit applications and attachments to:

LifeSpring Foundation of Indiana
460 Spring Street
Jeffersonville, IN 47130

Applications must be postmarked no later than April 5, 2019.



2019 Scholarship Application

To be considered for a scholarship, applicants must complete the form below and also submit the following:

- Transcript to date
- An essay outlining their plans of study in the mental health or public service field. It should include their career goals in the mental health field, their real-life experiences with person(s) having a mental illness/substance abuse disorder (whether it be a family member or friend) if any, and what they have learned from personal experiences or studies about mental illness/substance abuse disorders, and how our society could better provide services to meet mental health needs.
- Two letters of recommendation from either teachers or counselors

Student's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

High School: _____

School's Phone Number: _____

Overall G.P.A. (on 4.0 scale): _____ Graduation Date: _____

Number of Days Absent Senior Year: _____

Volunteer and service activities (emphasis on experience with youth, special needs, or mental illness diagnosis):
