LifeSpring Foundation of Indiana

2020 Scholarship Application Form

Due:
Postmarked by April 3, 2020

Submit to:
LifeSpring Foundation of Indiana
460 Spring Street
Jeffersonville, IN 47130

Scholarship applications may also be completed and submitted at
www.lifespringhealthsystems.org/lifespring-foundation-of-indiana-
scholarship/

For questions, please contact Shelley Dewig at 812-206-1209 or at
shelley.dewig@lifespringhealthsystems.org
2020 High School Scholarship Application

To be considered for a scholarship, applicants must be in LifeSpring Health System’s service area of Clark, Crawford, Dubois, Floyd, Harrison, Jefferson, Orange, Perry, Scott, Spencer, and Washington Counties in Indiana. One $500 scholarship will be awarded to one high school senior per county. Please complete the form below and also submit the following:

- Transcript to date
- An essay outlining your plans of study in the healthcare or public service field. It should include your career goals in either or both of these fields, real-life experiences with person(s) dealing with a specific health problem (whether it be a family member or friend struggling with chronic illness, substance abuse, mental illness, etc.) if any, and what you have learned from these experiences or studies about and how our society could better provide services to meet healthcare 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 physical/mental diagnosis):

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Parent/Guardian Signature (if under 18): __________________________________________

Scholarship Guidelines

Personal Involvement:
Please list your extracurricular activities that include an emphasis on services/activities involving youth, special needs or those with a physical/mental health diagnosis.

Personal Insight Essay:
Give a detailed account of AND your plans of study in the healthcare or public service field and include career goals. This essay between 250-500 words should contain any real-life experiences with person(s) dealing with a specific diagnosis (chronic illness, substance abuse, mental illness, etc.) whether it be a family member or friend, what you have learned from these experiences or your studies, and how our society could better provide services to meet all healthcare 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:

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460 Spring Street
Jeffersonville, IN 47130

Applications must be postmarked no later than April 3, 2020.