



# **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/](http://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):

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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:**

LifeSpring Foundation of Indiana  
460 Spring Street  
Jeffersonville, IN 47130

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