



## **LifeSpring Foundation of Indiana**

### **2024 8<sup>th</sup> Grade Essay Application Form**

**Due:**

**Postmarked by April 19, 2024**

**Submit to:**

**LifeSpring Foundation of Indiana**

**460 Spring Street**

**Jeffersonville, IN 47130**

**Applications may also be completed and submitted at**

<https://www.lifespringhealthsystems.org/lifespring-foundation-of-indiana-scholarship/>

For questions, please contact Dawn Bennett at (812) 206-1209 or at

[Dawn.Bennett@lifespringhealthsystems.org](mailto:Dawn.Bennett@lifespringhealthsystems.org)



## 8<sup>th</sup> Grade Essay Guidelines

LifeSpring Health Systems serves all individuals who need assistance with healthcare needs. We provide primary care services (check ups, vaccines, etc.), behavioral therapy, homeless prevention programs, assistance for those struggling with substance abuse, and more. LifeSpring is committed to helping our communities stay healthy and remains diligent in providing comprehensive healthcare to all individuals.

To that end, write a minimum of 250 and a maximum of 500 words about this topic:

### **How have you prioritized your health?**

**Submit application and essay to:**

LifeSpring Foundation of Indiana  
460 Spring Street  
Jeffersonville, IN 47130

**Applications must be postmarked no later than Friday, April 19, 2024.**



## 2024 8<sup>th</sup> Grade Essay 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 \$100 award will be awarded to one 8<sup>th</sup> grader per county. The referring teacher of each winner will receive a \$25 Amazon gift card that can be used towards room supplies.

Please complete the form below:

Student's Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number (Best phone to reach you at): \_\_\_\_\_

School Name: \_\_\_\_\_

School Phone Number: \_\_\_\_\_

Referring Teacher Name: \_\_\_\_\_

Referring Teacher Email: \_\_\_\_\_

Referring Teacher Phone (Best phone to reach you at): \_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_

Parent/Guardian Phone (Best phone to reach you at): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Please postmark your completed essay and this application by **Friday, April 19, 2024**. You can mail to LifeSpring Foundation of Indiana 460 Spring Street Jeffersonville, IN 47130.

Contact Dawn Bennett at (812) 206-1209 or [Dawn.Bennett@lifespringhealthsystems.org](mailto:Dawn.Bennett@lifespringhealthsystems.org) with any questions.