

LifeSpring Foundation of Indiana

Amount: \$500

Criteria:

Personal Involvement: Include a separate attachment of a list of extracurricular activities, specifically those with 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 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 one letter of recommendation from a teacher, counselor, or someone in the community (cannot be family members or fellow students). Please also attach your most updated transcript.

Deadline:

Applications may be completed and submitted at:

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

OR

If you would like for the Guidance Office to mail on your behalf, bring complete application with all required documents to the Guidance Office no later than NOON, April 13. If you are mailing on your own, it must be postmarked by April 14, 2023, to be considered.

Mail to: LifeSpring Foundation of Indiana, 460 Spring St., Jeffersonville, IN 47130



LifeSpring Foundation of Indiana

2023 Scholarship Application Form

Due:

Postmarked by April 14, 2023

Submit to:

LifeSpring Foundation of Indiana

460 Spring Street

Jeffersonville, IN 47130

Scholarship applications may also be completed and submitted at

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

For questions, please contact Caty Mercer McCormick at
(812) 206-1209 or
catherine.mccormick@lifespringhealthsystems.org



Scholarship Guidelines

Personal Involvement:

Include a separate attachment of a list of extracurricular activities, specifically those with 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 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 one letter of recommendation from a teacher, counselor or someone in the community (cannot be family members or fellow students). Please also attach your most updated transcript.

Submit applications and attachments to:

LifeSpring Foundation of Indiana
460 Spring Street
Jeffersonville, IN 47130

Applications must be postmarked no later than April 14, 2023.



2023 High School Scholarship Application

To be considered for a scholarship, applicants must be in LifeSpring Health Systems' 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:

- List of extracurricular & volunteer activities, with an emphasis on services/activities involving youth, special needs, or those with a physical/mental illness diagnosis
- 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
- One letter of recommendation from either a teacher, counselor, or someone in the community (cannot be family or fellow students)
- Transcript submission

Student's Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number (Best phone to reach you at): _____

High School Name: _____

High School's Phone Number: _____

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

Number of Days Absent Senior Year: _____

Parent/Guardian Full Name (For applicants under 18 years old): _____

Parent Guardian Phone Number (Best phone to reach you at) (For applicants under 18 years old):

Parent/Guardian Signature (For applicants under 18 years old): _____