

# LifeSpring Foundation Scholarship

## Criteria:

Applicants must be in LifeSpring Health System's service area of Clark, Crawford, Dubois, Floyd, Harrison, Jefferson, Orange, Perry, Scott, Spencer, or Washington counties in Indiana.

Must have plans to study in the healthcare, mental health, or public service fields.

\*Separate list of extracurricular activities

\*Essay

\*One Reference

Transcript

\*See application guidelines for more information.

## Amount:

\$500

## Deadline:

Mailed applications must be postmarked by **April 19, 2024**

## Mail Applications to:

LifeSpring Foundation of Indiana

460 Spring St.

Jeffersonville, IN 47130

There is an online version of the application at

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



## **LifeSpring Foundation of Indiana**

### **2024 Scholarship Application Form**

**Due:**

**Postmarked by April 19, 2024**

**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 Dawn Bennett at

(812) 206-1209 or

Dawn.Bennett@lifespringhealthsystems.org



**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 19, 2024.**



## 2024 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:

- Please detail your plans of study in the primary care, mental health, or public service field and include career goals.
- List of extracurricular & volunteer activities, with an emphasis on services/activities involving youth, special needs, or those with a physical/mental illness diagnosis
- Please write an essay discussing a chronic illness and how you feel our society could better provide services to those struggling with chronic conditions. If you have a real-life experience (whether it be a family member or friend) that could help you express your point of view, please include it. Essay must be between 250-500 words.
- 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): \_\_\_\_\_