



Health Science Academy

Scholarship Application

**RETURN COMPLETED APPLICATION ELECTRONICALLY TO
MRS. O'HERN AT ANNETTELOHERN@GMAIL.COM OR
MRS. VOIGT AT
JVOIGT@LACROSSED.ORG**

THE DEADLINE IS TUESDAY, MARCH 1, 2022 AT 10:00 AM

HEALTH SCIENCE ACADEMY SCHOLARSHIP APPLICATION

I. APPLICANT INFORMATION

Applicant Name _____ Birth Date _____
Last First Middle Initial Month Day Year

Home Address _____
Rural Route or Post Office Box City State Zip

Phone Number _____ Personal E-Mail (non-school) _____
Area Code Number

High School _____ Cumulative GPA _____

Post-Secondary School Attending _____

Declared Major if known _____

II. APPLICANT ESSAY

On a separate piece of paper, please explain how the Health Science Academy prepared you for your future in the healthcare field. Do not exceed one typewritten page.

III. LETTERS OF RECOMMENDATION

Submit two letters of recommendation which support you in your pursuit of a career in healthcare.

IV. CERTIFICATION

Please sign and date this application.

"I certify that the facts contained in this application are true and complete to the best of my knowledge and that this applicant has not been adjudged delinquent for behavior that would constitute a violation of criminal law in an adult court."

Applicant's Signature _____ Date _____

APPLICANT ESSAY

A large, empty rectangular box with a double-line border, intended for an applicant to write an essay. The box is centered on the page and occupies most of the vertical space below the header.