



# Health Science Academy

## Scholarship Application

**RETURN COMPLETED APPLICATION ELECTRONICALLY TO  
MRS. O'HERN AT [ANNETTELOHERN@GMAIL.COM](mailto:ANNETTELOHERN@GMAIL.COM) OR  
MRS. VOIGT AT  
[JVOIGT@LACROSSED.ORG](mailto: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.