Scholarship Application

RETURN COMPLETED APPLICATION ELECTRONICALLY TO MRS. O’HERN AT ANNETTELOHERN@GMAIL.COM OR MRS. VOIGT AT JVOIGT@LACROSSES.D.ORG

THE DEADLINE IS TUESDAY, MARCH 1, 2022 AT 10:00 AM
HEALTH SCIENCE ACADEMY SCHOLARSHIP APPLICATION

I. APPLICANT INFORMATION

Applicant Name ___________________________ Birth Date ___________________________

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<tr>
<th>Last</th>
<th>First</th>
<th>Middle Initial</th>
<th>Month</th>
<th>Day</th>
<th>Year</th>
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Home Address ____________________________ Rural Route or Post Office Box ____________________________

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<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
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Phone Number ____________________________ Personal E-Mail (non-school) ____________________________

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<tr>
<th>Area Code</th>
<th>Number</th>
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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 ____________________________

School District of La Crosse 2022