



# High School Senior Scholarship Program Bountiful High School - Application Form



MOUNTAINSTAR

Lakeview Hospital

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ Contact #: \_\_\_\_\_

## Accredited Higher Education Institution Information

1. Name of College/University/Institution applying to: \_\_\_\_\_

2. Expected date of attendance: \_\_\_\_\_

**APPLICATION DEADLINE IS: *Friday, April 26, 2019***

Please turn in the completed application form and attachments to your High School Counselor by the deadline above.

## Attach the following to this application:

- Most recent academic transcript that lists overall GPA to date.
- A letter from your high school counselor indicating the likelihood that you will successfully graduate at the completion of the 2016 academic year.
- Two reference letters from non-family members that validate your overall academic achievement, career goals and community involvement.
- Personal letter explaining future healthcare profession plans.
- If applicable, share about experiences you had while volunteering at Lakeview Hospital (special consideration will be made for students who have volunteered at the hospital).

By signing this application form, you attest that the information in the letter was written by the applicant and reference letters and from non-family members who have first-hand knowledge of the applicant.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_