



High School Senior Scholarship Program Bountiful High School - Application Form

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.

Please 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 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: _____



MOUNTAINSTAR

Lakeview Hospital