Health Science Academy

Scholarship Application
2024-2025

Due Date: Wednesday, Monday, March 17th at 10:00 A.M.

Please email to Ms. Rotering @ broterin@lacrossesd.org or submit a paper copy to Mrs. Voigt.

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 Email (non-school) _____
Area Code Number

High School _____ Cumulative GPA _____

Post-Secondary School Attending _____

Declared Major if known _____

II. APPLICANT ESSAY

Please attach an essay explaining how the Health Science Academy prepared you for your future in the healthcare field. Do not exceed 600 words.

III. LETTERS OF RECOMMENDATION

Submit two letters of recommendation which support you in your pursuit of a career in healthcare. Please do not submit a letter of recommendation from a current La Crosse Health Science Academy Instructor or Administrator.

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 _____