

LakeView Foundation Scholarship Application for Previous Recipients

Thank you for expressing interest in our scholarship program. As part of our policy, we request that you complete the following information. Once your application is received, our board will review your application for scholarship consideration and reply by letter whether accepted or rejected. **Please print.**

Contact Information				
First Name	Last Name		Initial	
Home Phone		Cell Phone		
Email Address				
Mailing Address				
City		State		Zip
Education Information				
Name of High School attended				
City			State	
Year of High School graduation				
Current college you're attending				
City			State	
Expected date of graduation from college			GPA	
Area of study/Pursuit of what degree				
Has your field of study changed since you last received our scholarship?				
Other				
Do you currently have college related debt?				
If so, how much?				
Are you currently working or interning?				
Have you received this scholarship before			Yes	No
If so, when?				
Please attach a copy of your most recent grade report.				

All applications must be received by April 15, 2024.

Please send your application and supporting documentation to Health Care Scholarship Program
LakeView Foundation P.O. Box 508, Paw Paw MI 49079-0508.