

LakeView Foundation Scholarship Form

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 type or 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		GPA	ACT Score
Current college you're attending or are going to attend			
City		State	
Expected date of graduation from college			GPA
Area of study/Pursuit of what degree			
Personal Essay			
On separate sheet of paper please answer the following questions:			
1. Why have you chosen to pursue a degree in healthcare			
2. How do you plan to use your degree to give back to the community			
3. Please explain your financial need			
4. What extra-curricular activities and/or community service have you participated in			
Other			
What other scholarships have you qualified for			
Have you received this scholarship before		Yes	No
References			
Please provide 1 written academic reference and 1 written personal reference and list their phone numbers below			
Name		Phone	
Relationship		Alternate phone	
Name		Phone	
Relationship		Alternate phone	

All applications must be received by April 15, 2025.

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