

**SWLA CENTER FOR HEALTH SERVICES
HEALTH CARE SCHOLARSHIP APPLICATION**

Please complete scholarship application. Mail this application along with **a cover letter, high school transcript, 2 (two) reference letters, and 2 to 3 page essay (no more than 3 pages) doubled spaced** to SWLA Center for Health Services; Attention: Scholarship Committee, 2000 Opelousas Street, Lake Charles, LA 70601. **Application must be received no later than 5:00 PM on March 22, 2019.**

Full Name _____

DOB (mm/dd/yyyy) _____ Age _____ M F (circle one)

Address _____

City _____ St. _____ Zip _____

Phone (home) _____ (cell) _____ Best Time to call _____

Email Address _____

Parents or Legal Guardians Name

Address _____

City _____ State _____ Zip _____

High School _____ City/Parish _____

GPA (4.0 Scale) _____ ACT/SAT (circle, if taken) Score _____

Your ACT/SAT score should appear on your high school transcript or include a copy with your application.

List your extracurricular activities

List your community service activities.

What healthcare related courses have you taken?

Which College or University are you attending?

Major _____ **Minor** _____

What is your 5 year career path and your career goals? _____

Why should you be a finalist for the SWLA Center for Health Services Scholarship?

Please indicate in the chart below your family income.

Household Size	Less Than	Between	Between	Between	More Than
1	\$12,140	\$12,141 - \$16,753	\$16,754 - \$18,210	\$18,211 - \$24,280	\$24,281
2	\$16,460	\$16,461 - \$22,715	\$22,716 - \$24,690	\$24,691 - \$32,920	\$32,921
3	\$20,780	\$20,781 - \$28,676	\$28,677 - \$31,170	\$31,171 - \$41,560	\$41,561
4	\$25,100	\$25,101 - \$34,638	\$34,639 - \$37,650	\$37,651 - \$50,200	\$50,201
5	\$29,420	\$29,421 - \$40,600	\$40,601 - \$44,130	\$44,131 - \$58,840	\$58,841
6	\$33,740	\$33,741 - \$46,561	\$46,562 - \$50,610	\$50,611 - \$67,480	\$67,481
7	\$38,060	\$38,061 - \$52,523	\$52,524 - \$57,090	\$57,091 - \$76,120	\$76,121

Eligibility Requirements

- **Graduating Senior from a high school within the SWLA Center for Health Services service area: Acadia Parish, Allen Parish, Calcasieu Parish and Lafayette Parish.**
- **Enrolled or accepted for enrollment as a full time student in any accredited college or university and majoring in a Health Care related field. Student must attend Fall Semester 2019. Minimum GPA of 2.5 on a 4.0 Scale.**
- **Incomplete applications will not be considered.**
- **Application will not be considered if received after 5:00 PM on March 22, 2019**
- **All mailed applications must be postmarked by Midnight March 22, 2019.**
- **Written two (2) page, typed, double spaced grammatically-correct essay to answer the question below.**

Why have you chosen to pursue a career in healthcare and what do you want to accomplish with your degree in healthcare?

Mail or bring the following items to:

**SWLA Center for Health Services, Scholarship Committee
2000 Opelousas Street,
Lake Charles, LA 70601:**

- **Cover Letter (sample cover letter format included for your use)**
- **Completed Application**
- **High School Transcript**
- **ACT/SAT Scores (if they are not on your high school transcript, include a copy of your ACT/SAT copy with your application)**
- **Two Reference Letters**
- **2 page typed essay double spaced**