

Lakeview Foundation Scholarship Application | 2010

DATE:	<input type="checkbox"/> New Applicant 2010	<input type="checkbox"/> Returning Applicant
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APPLICANT

LAST:	FIRST:	MIDDLE
EMAIL:		CELL PHONE:
HOME: ADDRESS:		
CITY:	STATE:	ZIPCODE:
PRESENT ADDRESS (if different):		
CITY:	STATE:	ZIPCODE:
DATE OF BIRTH:	COLLEGE STUDENT ID #	
SOCIAL SECURITY # (required to issue check):		

ELIGIBILITY (Check One ✓)

	RESIDENT or RECENT GRADUATE OF PUBLIC HIGH SCHOOL IN: 54025, 54082, 55003, 55042, 55043, 55047 OR 55082	
	LAKEVIEW HEALTH EMPLOYEE	DEPARTMENT:
	CHILD OF LAKEVIEW HEALTH EMPLOYEE	NAME/DEPT.:
	VOLUNTEER @ LAKEVIEW HEALTH	DATES:

EDUCATION

YEAR OF HIGH SCHOOL GRADUATION		
HIGH SCHOOL ATTENDED		
UNDERGRADUATE SCHOOL		
YEAR IN SCHOOL <input type="checkbox"/> FRESHMEN/1st <input type="checkbox"/> SOPHMORE/2nd <input type="checkbox"/> JUNIOR/3rd <input type="checkbox"/> SENIOR <input type="checkbox"/> SENIOR+		
COURSE OF STUDY (MAJOR AND MINOR)		
ANTICIPATED and/or GRADUATION DATE MO/YR		CREDITS REMAINING
GRADUATE OR MEDICAL SCHOOL		
DEGREE PLANNED		
LENGTH OF PROGRAM (YEARS)		TOTAL # OF CREDITS NEEDED
ANTICIPATED GRADUATION DATE MO/YR		CREDITS REMAINING
SCHOOL ADDRESS		
CITY	STATE	ZIPCODE
FINANCIAL AID OFFICE ADDRESS		
CITY	STATE	ZIPCODE
APPLICATION FOR(✓ all that apply): <input type="checkbox"/> FALL 2010 # of Credits ____ <input type="checkbox"/> SPRING 2011 # of Credits ____		
STUDENT STATUS: <input type="checkbox"/> FULL-TIME or <input type="checkbox"/> PART-TIME		

List extra curricular activities, hobbies/talents, outstanding recognition and achievements, and volunteerism/ Community Service:
(please use additional paper if necessary)

EXTRA CURRICULAR ACTIVITIES, HOBBIES/ TALENTS

1	
2	
3	
4	
5	

RECOGNITION/ OUTSTANDING ACHIEVEMENTS

1		DATE(S))
2		
3		
4		
5		

VOLUNTEERISM/ COMMUNITY SERVICE

	DATE(S)	DESCRIPTION	HOURS
1			
2			
3			
4			
5			

APPLICATION CHECKLIST:

- ✓ Sign media release form below.
- ✓ Please copy the application and attachments for your own records.
- ✓ Please attach a personal statement (not to exceed one typewritten page) of your educational plans as they relate to your career goals. Please report any unusual family or personal circumstances which you think warrant consideration. State why you are applying for this scholarship.
- ✓ Please attach two current letters of recommendation.
- ✓ Please attach your latest official school transcripts (sealed school envelope)
- ✓ Lakeview Employees only - Please attach letter of acceptance, IF this will be your first year in the program.
- ✓ Lakeview Health System Volunteers - Include dates of service and total number of hours on previous page.

Authorization for Photographs/ Interview

Addendum to SYS-ADM-018

I hereby authorize Lakeview Foundation/ Lakeview Health System to:

- ✓ take photographs, video and/or interview (your name) _____

for the purpose of: Lakeview Foundation Scholarship recipient publicity.

I agree to hold Lakeview Health and its member organizations harmless from any liability that may occur as a result of said photographs/interview. I understand that I may revoke this authorization up until a reasonable time before my photo or interview is used. Revoking requires notifying Lakeview Health in writing.

Signature	Date

Print name of signator

Witness	Date:

Print Name of Witness

Consent forms on which Community Relations obtains signatures will be retained by Community Relations for five years.

All other signed consents for video/digital recording and photographs will be retained in scholarship recipient's application file @ Lakeview Foundation.