

## **LakeView Foundation**

P.O. BOX 508 • PAW PAW, MI 49079-0508 www.LakeviewFoundationMi.org

February 9, 2024

Mattawan High School 56720 Murray Street Mattawan, MI 49071

Dear Guidance Counselor,

Re: Lakeview Foundation Scholarship information. Please share with appropriate high school seniors.

On behalf of the **Lakeview Foundation**, I write to you for your assistance in identifying candidates for our nursing and healthcare scholarships. Last year the Foundation gave out 81 scholarships totaling \$237,000.

The purpose of the scholarship program is to encourage residents in eastern Van Buren County to choose a healthcare career and to assist those currently enrolled in a healthcare program. Applicants can be a senior in high school or residents of eastern Van Buren County obtaining an Associates, Bachelor's or Graduate degree.

## The criteria for the scholarship nominees are as follows:

- 1. Must be a graduate from an eastern Van Buren County high school or live in eastern Van Buren County.
- 2. Maintain a GPA of 3.0 or better.
- 3. Have a financial need.
- 4. Must be accepted as a nursing or healthcare student to a college or university.

## Scholarship applicants must:

- 1. Fill out the Lakeview Foundation scholarship application.
- 2. Provide a high school transcript.
- 3. Provide an essay explaining his/her reason for pursuing a healthcare career, financial need and how they plan to use their degree to give back to the community.
- 4. Provide one (1) written academic reference.
- 5. Provide one (1) written personal reference.
- 6. Provide the acceptance letter to the college/university.

Please have your students send the information to the address below. All applications and supporting documentation must be submitted by April 15, 2024 to the following address:

Lakeview Foundation PO Box 508 Paw Paw, MI 49079

The application form and applicant criteria can also be found on our website; lakeviewfoundationmi.org. There is also a separate application form and applicant criteria posted on the website for previous recipients of our scholarship.

If you have any questions, please call Amanda at 269-657-2000. Thank you for your assistance!

Sincerely,

Jundym

John Tapper, President Lakeview Foundation Attached: Lakeview Foundation Scholarship Form Applications can be found online at lakeviewfoundationmi.org

## 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 Inforn	ation		
First Name	Last Name	Ir	nitial	
Home Phone	Cell Phone			
Email Address				
Mailing Address				
City	State	Zip		
	Education Infor	mation		
Name of High School attended				
City		State		
Year of High School graduation	GPA	ACT Sco	ACT Score	
Current college you're attending or	r are going to attend			
City		State		
Expected date of graduation from college		GPA		
Area of study/Pursuit of what degree	ee	,		
On separate sheet of paper please 1. Why have you chosen to pursue		questions:		
2. How do you plan to use your de	-			
3. Please explain your financial ne	• •			
4. What extra-curricular activities		ice have you participated i	n	
	Other	ioo naro you pariiopaiou i	··	
What other scholarships have you				
Have you received this scholarship	o before	Yes	No	
	Reference	S		
Please provide 1 written academic ref	erence and 1 written per	sonal 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, 2024.

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