SWLA CENTER FOR HEALTH SERVICES SCHOLARSHIP APPLICATION

Please complete the scholarship application below. Mail in or hand deliver this application along with a cover letter, high school transcript, 2 (two) reference letters and a 2 page, doubled spaced essay to SWLA Center for Health Services; Attention: Scholarship Committee, 2000 Opelousas Street, Lake Charles, LA 70601.

Hand delivered applications must be received no later than 2:00pm on Friday, March 31, 2023. Mail in applications must be postmarked no later than midnight on Friday, March 31, 2023 to be accepted.

Full Name		
DOB (mm/dd/yyyy)	Age	M F (circle one)
Address		
City		
Phone (home)	(cell)	Best Time to call
Email Address		
Parent/s or Legal Guardian/s	s' Name	
Address		
		Zip
High School	City	y/Parish
GPA (4.0 Scale) Your ACT/SAT score should appeapplication.	ACT/SAT	(circle, if taken) Scoreript or include a copy with your
List your extracurricular act	ivities.	

List your community service activities.				
What healthcare relate	ed courses have you taken?			
Which College or Univ	ersity are you attending?			
Major	Minor			
What is your 5 year can	reer path and your career goals?			
Why should you be a fi	inalist for the SWLA Center for Health Services Scholarship?			

Please indicate by circling your household size and your family income in the chart below.

Household Size	Less Than	Between	Between	Between	More Than
1	\$13,590	\$13,591 - \$18,754	\$18,755 - \$23,103	\$23,104 - \$27,180	\$27,181
2	\$18,310	\$18,311 - \$25,268	\$25,269 - \$31,127	\$31,128 - \$36,620	\$36,621
3	\$23,030	\$23,031 - \$31,781	\$31,782 - \$39,151	\$39,152 - \$46,060	\$46,061
4	\$27,750	\$27,751 - \$38, 295	\$38,296 - \$47,175	\$47,176 - \$55,500	\$55,501
5	\$32,470	\$32,471 - \$44,809	\$44,810 - \$55,199	\$55,200 - \$64,940	\$69,941
6	\$37,190	\$37,191 - \$51,322	\$51,323 - \$63,223	\$63,223 - \$74,380	\$74,381
7	\$41,910	\$41,911 - \$57, 836	\$57,837 - \$71, 247	\$71,248 - \$83,820	\$83,821

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 healthcare field. Student must attend Fall Semester 2023. Minimum GPA of 2.5 on a 4.0 Scale.
- Incomplete applications will not be considered.
- Application will not be considered if delivered in person after 2:00 PM on Friday, March 31, 2023.
- All mailed applications must be postmarked by Midnight March 31, 2023 to be accepted.
- Written two (2) page, typed, double spaced essay to answer the question below:

Why have you chosen to pursue a career in healthcare and how would receiving this scholarship help you to achieve your goal?

The following documents MUST be mailed in at the same time:

- Completed Application
- Cover Letter (sample cover letter format included for your use)
- High School Transcript
- ACT/SAT Scores (if they are not on your high school transcript, include a copy of your ACT/SAT scores with your application
- 2 Reference Letters
- 2 paged typed, double spaced, Times New Roman, 12 pt. font, essay answering the question in red above.

Mail in or deliver all documents to:

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