



SWLA Center for Health Services

2026 Scholarship Application

SWLA Center for Health Services provides quality, cost-effective and comprehensive primary healthcare and support services in an environment that embraces respect and dignity. Each year, SWLA CHS awards a \$1,000 scholarship to 6 (six) high school seniors, who meet the eligibility requirements.

2026 ELIGIBILITY REQUIREMENTS

- Applicant must be a graduating high school senior within the SWLA Center for Health Services service areas: Acadia Parish, Allen Parish, Cameron Parish, Calcasieu Parish, Jeff Davis Parish and Lafayette Parish
- Applicant must have a GPA of 2.5 or higher on a 4.0 scale
- Applicant must be accepted as a full time student by an accredited university or college for the 2026 Fall Semester.
 - *Priority will be given to applicants majoring in a healthcare related field.*
 - *Applicant must be able to provide a letter of acceptance from an accredited 4 year university or college before the scholarship award can be disbursed.*
- Applicant must have participated in community service and must provide documentation of community service hours.
 - **Documentation should include:** *the community service event and/or task, hours spent at this event and/or on task and a signature from the person in charge of each community service event and/or task.*
- ***In order to be accepted***, applications must be submitted by mail **AND** postmarked by midnight Friday, March 20, 2026.

2026 APPLICATION PROCEDURES

Completed applications **MUST** include the following documents:

- Cover Letter
- Completed Application
- Documentation of Community Service Hours
- An **official** high school transcript of 7 semesters
- 2 (two) separately sealed one-page letters of recommendation from individuals other than relatives that speak to the applicant's character and community involvement.
 - **NOTE:** Letters must include the recommender's telephone number, email and signature
- A **one-page** typed essay (250-500 words, double-spaced, 12 pt. standard font) that answers the following question below:
 - *A community can be defined as a group of people who share a common interest, identity or geographic location. Describe the community you come from and how you, as a product of it, might add to the healthcare community?*

Optional items that can be submitted with application:

- Applicants have the option of submitting an official copy of ACT or SAT scores.

*** Priority will be given to applicants who are current users of SWLA Center for Health Services.**

As a courtesy, SWLA Center for Health Services asks that scholarship recipients submit proof of enrollment for SWLA Center for Health Services fund allocation tracking purposes.

The completed application, including all required documents above, must be submitted by mail to:

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

The deadline to turn in your completed application is **Friday, March 20, 2026.**

Note: Incomplete and/or completed applications received after the deadline will not be considered.

SWLA Center for Health Services wishes you all the best!



2026 Scholarship Application

Full Name: _____

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

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Phone: (home) _____ (cell) _____

***Best Time of Day to call:** _____

Email Address: _____

Parent(s) or Legal Guardian(s) Name: _____

High School: _____ **Parish:** _____

GPA: (4.0 Scale) _____ **ACT/SAT (circle one) Score:** _____

Are you or any of your immediate family members a user of SWLA Center for Health Services? Yes / No (circle one)

If yes, please list all users here: _____

List your extracurricular activities: _____

List and describe your community service activities: _____

Which University or College do you plan to attend? _____

Major: _____ **Minor:** _____

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

Why should you be selected for the SWLA Center for Health Services Scholarship? _____
