

**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 15, 2024. Mail in applications must be postmarked no later than midnight on Friday, March 15, 2024 to be accepted.

Full Name _____

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

Address _____

City _____ **State** _____ **Zip** _____

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

Email Address _____

Parent/s or Legal Guardian/s' 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 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 2024.
- 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 15, 2024.
- All mailed applications must be postmarked by Midnight March 15, 2024 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

SAMPLE COVER LETTER

January 3, 2024

Ms. Kara S. Smith
Dean Student Affairs Department
Concordia University College of Alberta
Alberta, AB D6E 5E5

RE: Scholarship Application

Dear Ms. Smith:

I am writing to submit my scholarship application for Concordia University College of Alberta's Financial Aid Program fall 2024. Presently, I am a first year student of the Radiology and Ultrasound healthcare program. In order to prove my diligence, I have enclosed copies of my academic accomplishments.

I am facing some financial difficulties, therefore, unable to pay my fee for the fall semester. I am planning to obtain a part-time job to manage finances of my studies but it would not be enough to cover the whole tuition and accommodation fee. Based on my deprived financial condition, I request for a student scholarship so that I would be able to continue my studies in anticipation of improved financial situation.

If you have any questions regarding my application, you may contact me anytime on my cellular phone at (000) 555-0149. To follow-up, I will contact your secretary next week.

Thank you for your time and consideration.

Sincerely,

John Doe

John Doe