

**Scholarship Application Sheet**  
**New Visions Health Career Students**

**Criteria:**

**Please send this completed Scholarship Application, a short essay of no more than two pages describing your academic goals and desired fields of study, your high school transcript and two letters of recommendation to:**

**Saranac Lake Voluntary Health Association**  
**81 Main St. Suite 3**  
**Saranac Lake NY 12983**

**Deadline for application: June 7, 2024**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_

1. What school do you plan to attend after graduation? \_\_\_\_\_

\_\_\_\_\_

2. What is your tentative course of study? \_\_\_\_\_

3. What are your summer plans? \_\_\_\_\_

4. What is your high school course of study? \_\_\_\_\_

\_\_\_\_\_

5. Have you been accepted by an accredited college? If so which college(s)? \_\_\_\_\_

\_\_\_\_\_

6. What was your class rank at the end of your junior year?

Number \_\_\_\_\_ in a class of \_\_\_\_\_ with a cumulative average of \_\_\_\_\_

7. In what school activities have you participated? \_\_\_\_\_

\_\_\_\_\_

8. What offices have you held? \_\_\_\_\_

\_\_\_\_\_

9. In what community and/or church activities have you been involved? \_\_\_\_\_

\_\_\_\_\_