

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 6, 2025

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? _____
