

2026 LifeSpring Foundation of Indiana High School Senior Scholarship Application

To be considered for a scholarship, applicants must be in LifeSpring Health System's service area of Clark, Crawford, Dubois, Floyd, Harrison, Jefferson, Orange, Perry, Scott, Spencer, and Washington Counties in Indiana. One \$500 scholarship will be awarded to one high school senior per county. Please complete the form below and also submit the following:

- Please write an essay discussing a chronic illness and how you feel our society could better provide services to those struggling with chronic conditions. See below in section 3 for more details.
- One letter of recommendation from either a teacher, counselor or someone in the community (cannot be family or fellow students)
- Transcript to date.

Additional Information:

Discussing chronic health or mental health issues may result in negative or unpleasant feelings, and sometimes worsening mental health. If you need support, please speak with your parent/guardian or a trusted adult. You can also contact mental health support 24/7/365 by calling or texting 9-8-8.

Please note: LifeSpring staff are mandatory reporters of suspected abuse and neglect. Disclosures involving the neglect or abuse of children will be reported to appropriate authorities.

If you would prefer to submit the application by mail, visit <http://www.lifespringhealthsystems.org/lifespring-foundation-of-indiana-scholarship/> for a printable application and instructions.

**This form will close and all applications must postmarked by March 23, 2026 and are due April 1, 2026.

Please contact Dawn Bennett at dawn.bennett@lifespringhealthsystems.org or at 812-206-1209 with any questions.

Good luck to all participants!

* Indicates required question

1. Email *

2. Student's Full Name (first and last name) *

3. Street Address *

4. City *

5. State *

6. Select the county your school is located in. *

Mark only one oval.

- Clark
- Crawford
- Harrison
- Jefferson
- Orange
- Perry
- Scott
- Spencer
- Washington

7. Zip Code *

8. Phone Number (Best phone to reach you at) *

9. High School Name *

10. High School Phone Number *

11. Overall GPA (on 4.0 scale) *

12. Graduation Date *

13. Days Absent Senior Year *

14. Parent/Guardian Full Name (First and last name) (for applicants under 18 years old)

15. Parent/Guardian Phone Number (Best phone to reach you at) (for applicants under 18 years old)

16. Parent/Guardian Signature (for applicants under 18 years of age) (Typing your name counts as the signature)

Personal Involvement

17. Please detail your plans of study in the primary care, mental health, or public service field and include career goals.

18. List in detail extracurricular and volunteer activities, with an emphasis on services/activities involving youth, special needs, or those with a physical/mental illness diagnosis. *

Personal Insight Essay

Please write an essay discussing a chronic illness and how you feel our society could better provide services to those struggling with chronic conditions. If you have a real-life experience (whether it be a family member or friend) that could help you express your point of view, please include it. Essay must be between 250-500 words.

19. Please copy and paste essay below. *

References and Transcript

Please submit one letter of recommendation from a teacher, counselor or someone in the community (cannot be family members or fellow students). Please upload your most current transcript below or mail it to 460 Spring Street Jeffersonville, IN 47130.

20. Transcript *

Files submitted:

21. Reference

Files submitted:

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