

**Healthy Blue-Amerigroup
Health Science Scholarship Application**

Instructions: A completed application and essay must be submitted by 11:59 PM, Central Standard Time by the following due date (dependent on semester applying for):

Fall – July 1st

Spring – October 1st

Summer – April 1st

Applicant Name:		
Address:		
City:	State:	Zip Code:
Student ID# or Last 4 of SSN:	Date of Birth:	Telephone Number:
Email Address:	LCTCS College Accepted/Enrolled in:	
I agree to complete 10 hours of health-related community service by the conclusion of the scholarship semester. Community service may be, but is not limited to: health fairs, nursing home, healthy choices presentations at community events, schools, churches, etc.		
I confirm the information provided in my application is to the best of my knowledge, complete, and accurate. I understand that false statements on this application will disqualify me.		
Signature of Applicant:		Date:

Student Statement must include (minimum of 500 words) and include:

- Financial need
- Educational goals
- Career goals
- How will this scholarship impact your goals
- How will the funds be expended (books, required uniforms, required equipment, etc.)

Submit application and 500 word minimum essay to quintintaylor@lctcs.edu or tarieroberson@lctcs.edu