



WITHAM HEALTH SERVICES
Judith K. Psikula Medical Scholarship

Dear Applicant:

Witham Health Services is awarding a \$2,000 scholarship to one (1) graduating senior from both Lebanon High School and Western Boone Community School Corporation. A scholarship committee comprised of hospital and local civic leadership will select the scholarship winners. If you are interested in applying, please read the scholarship criteria listed below, complete the application and return it to your Guidance Office by 3 p.m. on Friday, March 21, 2025.

Criteria:

- 1. Scholarships will be awarded to applicants graduating from public high schools in Boone County, Indiana.
2. Applicant must be a citizen of the United States and a resident of Boone County, Indiana, at the time of selection.
3. Applicant must plan to pursue a career in the healthcare field (Associate or Bachelor's Degree in a medical field, such as nursing, physical therapy, radiology, etc.).
4. Applicant will have maintained a grade point average (GPA) for the last three years of his/her high school career of at least three points (3.0) or its equivalent, based upon a rating of four points (4.0) for an A average or its equivalent.
5. Financial need may be a consideration.

Applicant Information (please print or type):

Applicant: First Name Middle Name Last Name

Address: Street or P.O. Box City State Zip

Telephone: () Area Code Email Address:

Date of Birth: Name of High School:

Father/Guardian: First Name Last Name

Address: Street or P.O. Box City State Zip

Home Phone: () Area Code Work Phone: () Area Code

Employer: Company Position



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Applicant's Name: _____

Mother/Guardian: _____
First Name Last Name

Address: _____
Street or P.O. Box City State Zip

Home Phone: () _____ Work Phone: () _____
Area Code Area Code

Employer: _____
Company Position

Please list the Post Secondary Schools you are considering and the expected amount of tuition:

First Choice: _____
Name of Post Secondary School Location Tuition Amount Per Semester

Second Choice: _____
Name of Post Secondary School Location Tuition Amount Per Semester

Intended Major (please be specific): _____

Please list two (2) non-relative references, their addresses, phone numbers and employer information:

Name: _____ Home Phone: () _____
First Name Last Name Area Code

Address: _____
Street or P.O. Box City State Zip

Relationship: _____ Employer: _____
Company Position

Name: _____ Home Phone: () _____
First Name Last Name Area Code

Address: _____
Street or P.O. Box City State Zip

Relationship: _____ Employer: _____
Company Position



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Applicant's Name: _____

Please list or attach a list of school and community activities you have been involved in during high school:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please list or attach a list of honors and achievements you have received:

_____	_____
_____	_____
_____	_____
_____	_____

Please complete the following on separate sheets of paper and attach to this application:

- Type a brief essay (500 words or less) explaining your educational and occupational goals.
- Please type a short autobiography (500 words or less), including interests, community activities, etc.

Applicant's Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Please submit the completed application to your school's Guidance Office by 3 p.m. on Friday, March 21, 2025. Your high school counselor will attach a Counselor Page, which includes your GPA, Rank, SAT and/or ACT score to your application prior to submitting it to Witham Health Services. Any questions feel free to contact your counselor.