WITHAM HEALTH SERVICES FOUNDATION
Sally Lynn Coan Scholarship

Dear Applicant:

Witham Health Services Foundation is awarding a $3,000 scholarship to one (1) graduating senior from Lebanon High School OR one (1) graduating senior from Western Boone Community School Corporation who plans to pursue a nursing degree. 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 20, 2026.**

Criteria:

1. Scholarship will be awarded to one (1) applicant graduating from Lebanon High School OR Western Boone Community School Corporation.
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 nursing degree (Associate Degree in Nursing, Bachelor of Science in Nursing) from an accredited college or university.
4. Applicant will have maintained a grade point average (GPA) for the last three years of his/her high school career of at least two and half points (2.5) 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.
6. Please ensure all pages of the application are printed on one side only (single-sided). Double-sided submissions will not be accepted.

Applicant Information (please print or type):

Applicant:_____
First Name Middle Name Last Name

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

Telephone: __(____)_____ Email Address: _____
Area Code

Date of Birth: _____ Name of High School: _____

Father/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

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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 a separate sheet of paper and attach to this application:

- Type a brief summary (250 words or less) explaining your interests, community activities, educational and occupational goals.
- Applicants may also submit a video (up to 3 minutes) in place of the written summary. Videos may be emailed to foundation@witham.org or provided on a USB flash drive.

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 20, 2026. 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.