



**BEACON**  
Orthopaedics & Sports Medicine



The  
**Christ Hospital**<sup>™</sup>  
Health Network



**Official Healthcare Providers for Lakota West**  
Dr. Timothy Kremchek • Medical Director for Lakota West High School • 513.34.3700



## 2023 Beacon Sports/Christ Hospital Scholarship Application

*Administered by the Lakota West High School Athletic Boosters*

The Lakota West High School Athletic Booster is proud to announce a set of athletic scholarship scholarships established in the 2022-23 school year jointly sponsored by Beacon Orthopedics and Sports Medicine, and Christ Hospital Health Network. There are 10 total scholarships in the amount of \$500 each, with 5 each awarded to SAAB senior athletes, and 5 more to senior athletes at-large. The criteria for this scholarship include:

- Candidate must be a graduating senior athlete, team manager or trainer.
- Candidate must have been involved in school or community activities.
- Candidate must have a minimum 3.0 accumulative GPA.
- Candidate must use scholarship monies for college education.
- Candidates may self-nominate, or coaches can nominate a student athlete.
- All completed Beacon Scholarship applications must either be e-mailed to [mmcmanus@zoomtown.com](mailto:mmcmanus@zoomtown.com) (for electronic submission) or returned in hard-copy to either the Lakota West Main Office or the Athletic Department office no later than **Friday, April 7, 2023**.

If you have already applied for the Steve Cummins Scholarship, that application will serve for this scholarship as well, and ***there is no need to fill out this second application.***

For coaches who choose to nominate, please supply your name and sports(s), the name of the student athlete and your written nomination, other personal details can be acquired through the front office. A letter of reference may be included as well, but is not required. For questions, contact Mike McManus at [mmcmanus@zoomtown.com](mailto:mmcmanus@zoomtown.com).

**Beacon Scholarship Application information**

Student athlete name: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Student e-mail: \_\_\_\_\_

Secondary e-mail: \_\_\_\_\_

Cumulative GPA and Class Rank: \_\_\_\_\_

College attending: \_\_\_\_\_

List all sports (both High School and club) and years in which student participated as a Lakota West athlete, trainer or manager. Please include any specific awards and achievements earned (add or attach additional sheets as needed):

For each activity above, please list coach's names and contact information so we may contact them for additional information (no formal recommendation letters required):

List additional school or community activities participated in other than athletics:

*Can submit electronically to [scholarship@lakotawestboosters.com](mailto:scholarship@lakotawestboosters.com), or hardcopy through the Main Office. Attach extra sheets or documents as needed for above information. For problems or questions, send e-mail to [mmcmanus@zoomtown.com](mailto:mmcmanus@zoomtown.com) or call Mike McManus at 893-0052.*