

## **SARAH EISBERNER MEMORIAL SCHOLARSHIP**

**QUALIFICATION:** These two annual scholarships are to be awarded to two qualified students who have been accepted into a University or Technical College. The recipient must be a resident of Jackson or Clark County; or have graduated from high school at Alma Center Lincoln or Black River Falls. If you are a high school senior who is a relative of a Black River Memorial Hospital or Krohn Clinic employee, you are welcome to apply and will be taken into consideration.

**CRITERIA:** The selection of the recipient will be based on their leadership in school and/or community activities as stated in the question portion of the application form.

**APPLICATION PROCEDURE:** Application forms are available at Lincoln High School, Alma Center or Black River Falls High School. **Applications must be submitted (postmarked or emailed) to Kathy Harasimowicz by Thursday, April 16, 2026.**

**SELECTION:** Selection of the scholarship recipient will be made by a committee composed of family/friends of Sarah's.

**AMOUNT:** Two \$500 scholarships will be awarded annually and paid after recipients provide 1st semester transcripts as proof of attendance. Recipients may request the awards be sent to themselves or directly to the school registrar.

SARAH EISBERNER MEMORIAL SCHOLARSHIP  
KROHN CLINIC/BLACK RIVER MEMORIAL HOSPITAL  
LINCOLN HIGH SCHOOL/BLACK RIVER HIGH SCHOOL  
SENIOR SCHOLARSHIP APPLICATION

Name:

Phone Number:

Primary Address:

Currently attending or graduate of (high school):

School planning to attend:

Intended Major:

**Due Date: April 16th, 2026**

Have you, in the past year, been disciplined by school or law enforcement authorities for an infraction that has caused you to miss any extra-curricular activities? Yes No  
If yes, please explain.

**Please attach a separate letter answering the following questions:**

1. Personal Statement: What are your goals for your post-secondary education?
2. List any specific activities you have been involved with that demonstrate your service to your school and/or your community.
3. Describe yourself and give an example of how you have made a difference in someone's life.
4. Please indicate specific reasons why you believe you should be considered for The Sarah Eisberner Memorial Scholarship.

Student Signature:

Parent Signature (if under 18):

Date submitted:

**Please return application to Kathy Harasimowicz via Postal: 12804 140th Ave., NW Gig Harbor, WA 98239 OR Email: krharas@gmail.com**