

**2017-2018 LOCAL SCHOLARSHIP APPLICATION**

Lincoln High School  
Valerie Smith, Scholarship Director

**DEADLINE: MARCH 30TH, 2018 (BY 3:30pm)**  
**NO APPLICATIONS WILL BE ACCEPTED AFTER THIS DATE**

Attach a recent photo  
that fits in this space  
here!



**PERSONAL INFORMATION**

1. Name
2. Address/City/Zip
3. Telephone
4. Institution attending in the fall 2018 semester
5. Date applied \_\_\_\_\_ Major \_\_\_\_\_
6. Occupational Goal

7. References: Names & phone numbers of three (3) persons not related to you. One must be a teacher or counselor.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. List savings you may have for educational purposes \_\_\_\_\_

7. Outline your summer plans and give the approximate amount you expect to earn this summer.

\_\_\_\_\_

8. List estimated expenditures for your freshman year:

Tuition \$ \_\_\_\_\_ Books & Supplies \$ \_\_\_\_\_ Room & Board \$ \_\_\_\_\_

Commuting Expenses \$ \_\_\_\_\_

9. What activities do you plan to participate in during college?

\_\_\_\_\_

10. Attach an essay of approximately 200 words that discuss your **AMBITIONS AND FUTURE PLANS.**  
**(MUST BE TYPED OR DONE ON A COMPUTER, DOUBLE-SPACED, AND SIGNED.)**

**Work Experience:** List jobs you have had since entering high school beginning with the most recent.

Employer 1 (Name of Business)	Dates of Employment (Mo/Yr)	Hours/week
Duties		

Employer 2 (Name of Business)	Dates of Employment (Mo/Yr)	Hours/week
Duties		

**Activities:** List your high school and community activities, **other than jobs**, in order of interest to you. (Use a separate sheet if the space provided is not enough)

Activity	Number of yrs.
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Activity	Number of yrs.
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Activity	Number of yrs.
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Activity	Number of yrs.
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Activity	Number of yrs.
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**Honors:** List any honors you have received during your high school years. (Use a separate sheet if the space provided is not enough)

Honor or Award	Year Awarded
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Honor or Award	Year Awarded
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Honor or Award	Year Awarded
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Honor or Award	Year Awarded
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Honor or Award	Year Awarded
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Honor or Award	Year Awarded
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Honor or Award	Year Awarded
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**STATEMENT OF PARENT OR GUARDIAN**

2017

**CONFIDENTIAL**

This form must be executed by one of the parents, or by the guardian of the student applying for a scholarship from the Lincoln High School Scholarship Fund. This information will be made available to the scholarship donors.

Name of Parent(s) or Guardian \_\_\_\_\_

Address \_\_\_\_\_

Father's occupation \_\_\_\_\_ Employer \_\_\_\_\_

Mother's occupation \_\_\_\_\_ Employer \_\_\_\_\_

Parents, some alumni classes give scholarships to graduating sons/daughters, grandsons/granddaughters, etc. Please provide the following information, if you or your parents graduated from Lincoln High School.

Father- Year? \_\_\_\_\_ Name \_\_\_\_\_

Mother- Year? \_\_\_\_\_ Maiden Name \_\_\_\_\_

Grandfather- Year? \_\_\_\_\_ Name \_\_\_\_\_

Grandmother- Year? \_\_\_\_\_ Maiden Name \_\_\_\_\_

Please list the dependent children (include the child completing this application):

Name	Age	School

Please circle if one or more of the following applies to you or your child:

I am a veteran, child of veteran, or grandchild, of a foreign war.

I am a member of V.F.W. \_\_\_\_\_ American Legion \_\_\_\_\_

**FINANCIAL NEED:**

Do you receive: \_\_\_\_\_ Free lunch      \_\_\_\_\_ Reduced lunch      \_\_\_\_\_ I am full pay

**CONFIDENTIAL**

I certify, that to the best of my knowledge, the information given is accurate and complete. I realize that any monies received through this program would be in the form of a grant and not a loan. Students receiving less than \$1000.00, will be given the full amount for the 1<sup>st</sup> semester. Students receiving \$1000.00 or more will receive half 1<sup>st</sup> semester and the second half 2<sup>nd</sup> semester.

In accepting a scholarship, I understand that I am expected to attend an accredited college, vocational, or trade school, as a full time student, (12 hours or more), for at least one full semester. I will receive one-half of the amount for 1<sup>st</sup> semester and the remaining half will be received if I am enrolled as a full time student second semester. If I do not remain in school, I will be responsible for replacing the amount expended within one year from the date of withdrawal from school. If I do not enroll in school by October, 2018, I may forfeit all monies that were awarded to me. If the student should drop out, or not contact the scholarship office, all remaining funds will transfer to the student scholarship program, to be redistributed the following year.

The Lincoln High School Scholarship Committee, Lincoln High School and the Lincoln Consolidated School District are not responsible for the payment to the recipient if the donor does not pay the scholarship.

I have read and understand the Lincoln High School Scholarship Program Application. I certify that, to the best of my knowledge, the information given is accurate and complete. It is my understanding that this completed scholarship application and/or information taken from the scholarship application will be made available to scholarship donors or potential donors. **NO FINANCIAL INFORMATION WILL BE RELEASED TO ANYONE**

\_\_\_\_\_  
Student Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_  
Date

**TO BE COMPLETED BY THE SCHOLARSHIP OFFICE ONLY.**

GPA \_\_\_\_\_ ACT Composite Score \_\_\_\_\_ Class Rank \_\_\_\_\_ / \_\_\_\_\_