

2018-2019 LOCAL SCHOLARSHIP APPLICATION

Lincoln High School

Ashley Kersey, Scholarship Director

DEADLINE: MARCH 29TH, 2019 (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 2019 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

2019

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

Name	Age	School

Name	Age	School

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 1st semester. Students receiving \$1000.00 or more will receive half 1st semester and the second half 2nd 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 1st 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 _____ / _____