ROCKY MOUNT LIONS CLUB SCHOLARSHIP APPLICATION

NAME PHONE

ADDRESS

EMAIL

DATE OF BIRTH GENDER \_

PARENT OR GUARDIAN'S FULL NAME

 PARENT'S PERMANENT ADDRESS

PARENT(S)' OCCUPATION

FATHER YEARLY INCOME \_ MOTHER YEARLY INCOME \_ LEGAL GUARDIAN YEARLY INCOME \_

SELF YEARLY INCOME

NUMBER OF SIBLINGS NUMBER IN COLLEGE \_

How do you plan on funding your college tuition and expenses?

Where are you planning to attend college?

 What is the approximate cost of tuition and all expenses for one year?

What is your career goal?

PLEASE LIST ACTIVITIES IN WHICH YOU HAVE PARTICIPATED DURING HIGH SCHOOL:

PLEASE LIST ANY COMMUNITY, CHURCH AND/OR CHARITABLE GROUPS IN WHICH YOU HAVE PARTICIPATED:

We authorize the release of school information necessary for application to the Lions Club Scholarship Program. We certify that all information provided in this application is true, complete and accurate to the best of our knowledge.

Parent and/or Guardian's Signature \_ Applicant's Signature \_

RETURN THIS APPLICATION, ALONG WITH YOUR STATEMENT OF FINANCIAL NEED, YOUR CURRENT HIGH SCHOOL TRANSCRIPT AND ONE LETTER OF RECOMMENDATION FROM YOUR SUPERINTENDENT, TEACHER, COUNSELOR OR PRINCIPAL AND ONE PERSONAL RECOMMENDATION FROM A MINISTER, FRIEND, EMPLOYER, ETC. TO:

David Allen

Rocky Mount Lions Club Scholarship Chair

30239 Raccoon Road

Rocky Mount, Missouri 65072.