

CHARLES LYONS MEMORIAL FOUNDATION, INC.

P.O. BOX 236

Lexington, Missouri 64067

Telephone 660-259-3150

SCHOLARSHIP APPLICATION

For the 2020-2021 Academic Year

APPLICATION MUST BE ACCOMPANIED BY TRANSCRIPT OF SCHOOL RECORD

Personal data required of High School graduates who desire to attend college, technical, or grade school or pursue some other type of specialized education.

THE COMPLETED APPLICATION MUST BE RECEIVED ON OR BEFORE March 3, 2020 at 5:00 p.m.

PLEASE TYPE OR PRINT THIS APPLICATION

A PHOTO will be helpful because it will aid us in getting acquainted with you but it is not obligatory.

FULL NAME: _____

ADDRESS: _____ Tel: _____
Street City State Zip Area/Number

DATE AND PLACE OF BIRTH: _____

FATHER: _____ AGE: _____

OCCUPATION: _____

MOTHER: _____ AGE: _____ OCCUPATION: _____

Schools attended (Ninth Grade to Present):

<u>Name of School</u>	<u>Date Started</u>	<u>Date Ended</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date will graduate _____ Total Students in class _____ Your Rank in class _____ G.P.A _____

ACT SCORE	STANDARD SCORES					COLLEGE BOUND PERCENTILES					TEST DATE
	ENG.	MATH	READING	SCI.	COMP.	ENG.	MATH	READING	SCI	COMP.	

What college or technical school do you plan to attend? _____

What is your intended major? _____

The undergraduate degree you will seek? _____

Positions held in gainful employment, periods of employment, average time employed each week, earnings, etc.: _____

LEADERSHIP POSITIONS AND OFFICES:

List by name and by year (9, 10, 11, 12) leadership positions and offices held for school, church, community and volunteer activities.

Example:

Student Council President (12)

_____	_____
_____	_____
_____	_____
_____	_____

MEMBERSHIPS:

List by name and by year memberships and other participation for school, church, community and volunteer activities.

Example

Basketball (9, 10, 11,12)

_____	_____
_____	_____
_____	_____
_____	_____

HONORS AND AWARDS:

List by name and by year the honors and awards you have received for school, church, community and volunteer activities.

Example:

Hospital Volunteer of the Year (1)

_____	_____
_____	_____
_____	_____
_____	_____

PERSONAL STATEMENT:

Write (type or print) a paragraph of 100 to 300 words, indicating your chosen field of college study. State your reasons for this choice. Include pertinent experiences, activities and accomplishments. Attach to final page of application.

Have you applied for scholarships or financial aid? _____ If so, give details _____

Have you been granted Scholarship Aid? _____ If so, give details _____

Do you intend to apply for Financial Aid at the college(s) you plan to attend? _____

If so, give details _____

Are you in the A+ Program? _____

ESTIMATED EXPENSES FOR YOUR COLLEGE OR TECHNICAL SCHOOL

YEAR

Tuition and Fees	\$ _____
Books and Supplies	\$ _____
Board and Room	\$ _____
Commuting Expense, if any	\$ _____
Clothes.....	\$ _____
Incidentals (haircuts, laundry, etc.)	\$ _____
Recreation.....	\$ _____
Miscellaneous Expenses.....	\$ _____
TOTAL.....	\$ _____

YOUR ESTIMATED RESOURCES FOR THE COMING SCHOOL YEAR

Summer Savings.....	\$ _____
Other Savings and Assets.....	\$ _____
Contributed by Parents.....	\$ _____
Contributed by Relatives and Friends	\$ _____
Loans from Parents.....	\$ _____
Any Other Loans.....	\$ _____
Part-time Job Earnings.....	\$ _____
Veterans Benefits of any kind.....	\$ _____
Scholarships.....	\$ _____
Any Other Income or Resources.....	\$ _____
TOTAL.....	\$ _____

PARENTAL FINANCIAL ANALYSIS

Father's Income Before Taxes..... \$ _____

Mother's Income Before Taxes..... \$ _____

Number Living in Household..... _____

Number of Family Members Attending College this fall..... _____

Medical and Dental Expenses Not Paid by Insurance..... \$ _____

Value of Investments (Stocks, Bonds, Life Insurance, Retirement)... \$ _____

Any Additional Data or Unusual Circumstances to Show Financial Need and General Worthiness: _____

REFERENCES

For reference give the name, address and occupation of two persons you have contacted concerning your qualifications. Request that they provide a Letter of Recommendation to you in a sealed envelope which must accompany this application.

NAME _____

NAME _____

Address _____

Address _____

Signature of Applicant

APPROVAL OF PARENTS

I (We) have read the statements contained in this Application. They are accurate and I (We) approve this application.

Signature(s) of Parent(s) or Guardian

DATED: _____