

# Crystal Falls Lions Club Scholarship

## STUDENT APPLICATION FORM

**\*\*\*\*IMPORTANT\*\*\*\***

***All references to be mailed or directly delivered to the guidance counselor***

Social Security Number: \_\_\_\_\_ Date of Application \_\_\_\_\_

Full Name: \_\_\_\_\_  
(First) (Middle) (Last)

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Grade Point Average: \_\_\_\_\_

In what extra-curricular activities did you participate? (Include both in-school activities and volunteer activities outside of school):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you work during the school year? \_\_\_\_\_ If yes, how many hours/week? \_\_\_\_\_

Name of College or University you plan to attend: \_\_\_\_\_

Have you applied for Admission? \_\_\_\_\_ Have you been accepted? \_\_\_\_\_

Intended field of study: \_\_\_\_\_

Have you applied for other scholarships? \_\_\_\_\_ Have you been granted a scholarship? \_\_\_\_\_

If so, name of scholarship and amount. \_\_\_\_\_

1. The student chosen must have been accepted at a college or university.
2. The student must be a graduating Forest Park High School Senior.
3. Consideration will be given to a student(s) entering a field of service (e.g. education, nursing, etc.)
4. A personal statement should include the importance of community service.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

## PARENT APPLICATION FORM

Name of parent or guardian completing this form: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Do you have dependents other than your own family or other extenuating circumstances that should be considered? If yes, please explain:

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Please note below any statements you may wish to make which will assist the Scholarship Selection Committee in consideration of the applicant:

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I hereby certify that the above statements are correct.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### RELEASE OF INFORMATION

I hereby certify that any information needed regarding my scholarship requirements be made available to the Lions Club Scholarship Selection Committee.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_