

Alexandra LaChapelle Memorial Scholarship

STUDENT APPLICATION FORM

******IMPORTANT******

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

Date of Application _____

Full Name: _____
(First) (Middle) (Last)

Home Address: _____

Phone: _____

Have you applied for Admission? _____ Have you been accepted? _____

Name of institution you plan to attend: _____

Have you applied for other scholarships? _____ Have you been granted a scholarship? _____

If so, name of scholarship and amount. _____

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:

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

I hereby certify that the above statements are correct.

Signature of parent or guardian: _____ Date: _____

Signature of Applicant: _____ Date: _____