

LEXINGTON COMMUNITY FOUNDATION ALUMNI SCHOLARSHIP APPLICATION

Name of Applicant: _____

Address: _____

Date of Birth: ____/____/____ Social Security No. _____

Parent's or Parents' Name: _____

Parent's or Parents' Occupation: _____

List family members (other than parents) and ages: _____

List family members attending college at the present time. _____

Where do you intend to go to school? _____

Have you applied to the school of your choice? Yes No

Have you been accepted to this school? Yes No

On a separate sheet, please make a statement (250 words or less) describing your college major and your career objectives.

On a separate sheet, please list community and school activities you have participated in while attending Lexington Senior High.

On a separate sheet of paper, please briefly explain your financial need for this scholarship.

GPA _____ Class Rank _____

Attach a copy of transcript of High School grades, with rank in Class, signed by the school official. Photocopies of the transcript are acceptable.

If employed during high school, list (two most recent) places of employment:

SIGNATURE _____