

**ROBERT WADE SCHOLARSHIP
APPLICATION**

1. Name of Applicant: _____
2. Address: _____
3. Date of Birth: ___ / ___ / ___ Social Security No. _____
4. Parent's or Parents' Name: _____
5. Parent's or Parents' Occupation: _____
6. List family members (other than parents) and ages: _____
7. List family members attending college at the present time. _____

8. Will your family or guardian be able to give you any financial assistance to help with your education? Yes _____ No _____
9. Do you expect to receive any other financial assistance to help with your education?
 Yes _____ No _____
10. Where do you intend to go to school? _____
11. Have you applied to the school of your choice? Yes _____ No _____
12. Have you been accepted to this school? Yes _____ No _____
13. On a separate sheet, please make a statement (250 words or less) describing your college major and your career objectives.
14. On **ONE** separate sheet, please list community and school activities you have participated in while attending Lexington Senior High.
15. On a separate sheet of paper, please briefly explain your financial need for this scholarship.
16. 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
17. If employed during high school, list (two most recent) places of employment:

SIGNATURE _____