DAVID LUNDQUIST MEMORIAL SCHOLARSHIP

The David Lundquist Memorial Scholarship was established in August 2013 to honor this outstanding, dedicated, and caring educator. It is open to all graduating seniors from the Odessa R-VII High School. It is the intent of the scholarship to provide an opportunity for a determined, serious student to pursue further education at an accredited college or training at a vocational school. Evidence of determination, commitment and a desire to succeed are the determining factors rather than scholastic success, class rank, or ACT scores. Two (2) scholarships will be awarded annually in the amount of \$500 (each).

David (Mr. Lundquist) was a dedicated Biology, Advanced Biology, and Wildlife Management Teacher for thirty years at Odessa High School. He loved all of his students and had a passion for teaching. Many of his students are in the medical, conservation, and teaching field.

The scholarship selection committee will be comprised of three family members and a high school counselor. The scholarship funds will be distributed directly to the selected college or vocational school of the recipients.

All applications must be submitted to the Odessa R-VII High School Counseling Office by March 15. Please submit a typed application and essay to be considered for this scholarship.

The Lundquist Family

DAVID LUNDQUIST MEMORIAL SCHOLARSHIP

(PLEASE SUBMIT A LEGIBLE/TYPED APPLICATION.)

NAME:			
ADDRESS:			
HOME TELEPHONE NUMBER:			
NAME OF PARENTS/GUARDIANS:			
ADDRESS:			
COLLEGE/VOCATIONAL SCHOOL YOU PLAN TO ATTEND:			
ADDRESS:			

PLEASE LIST ALL SCHOOL AND COMMUNITY ACTIVITIES/ORGANIZATIONS IN WHICH YOU HAVE PARTICIPATED, INCLUDING ANY OFFICES HELD, HONORS ACHIEVED AND AWARDS RECEIVED.

ARE YOU EMPLOYED?	YES	NO	NAME OF BUSINESS:

POSITION:_____ DATES OF EMPLOYMENT:_____

PLEASE LIST ANY PREVIOUS EMPLOYMENT AND DATES:

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HOW MANY SIBLINGS ARE IN YOUR IMMEDIATE FAMILY?_____

PLEASE PROVIDE A TYPED ESSAY OUTLINING SPECIAL CIRCUMSTANCES OR REASONS WHY YOU ARE DESERVING OF THIS SCHOLARSHIP.

STUDENT SIGNATURE:_____

PARENT SIGNATURE:

COUNSELOR'S CERTIFICATION

CLASS RANK:_____

GPA:_____

DATE OF HIGH SCHOOL GRADUATION:

COUNSELOR'S SIGNATURE:_____