

CHARLES LYONS MEMORIAL FOUNDATION, INC.

P.O. Box 236 • Lexington, Missouri 64067

Telephone 660-~~259-3150~~

232-3484

SCHOLARSHIP APPLICATION

For the 2022-2023 Academic Year

APPLICATION MUST BE ACCOMPANIED BY TRANSCRIPT OF SCHOOL RECORD

Personal data required of High School graduates who desire to attend college, technical, or grade school or pursue some other type of specialized education.

THE COMPLETED APPLICATION MUST BE RECEIVED ON OR BEFORE March 2, 2022 at 5:00 pm.

PLEASE TYPE OR PRINT THIS APPLICATION.

A PHOTO will be helpful because it will aid us in getting acquainted with you but it is not obligatory.

FULL NAME: _____

ADDRESS: _____ Tel: _____
Street City State Zip Area/Number

DATE AND PLACE OF BIRTH: _____

FATHER: _____ AGE: _____ OCCUPATION: _____

MOTHER: _____ AGE: _____ OCCUPATION: _____

Schools attended (Ninth Grade to Present):

<u>Name of School</u>	<u>Date Started</u>	<u>Date Ended</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date will graduate _____ Total Students in class _____ Your Rank in class _____ G.P.A. _____

ACT SCORE

STANDARD SCORES				
ENG.	MATH	READING	N. SCI.	COMP.

COLLEGE BOUND PERCENTILES				
ENG.	MATH	READING	N. SCI.	COMP.

Test Date

What college or technical school do you plan to attend? _____

What is your intended major? _____

The undergraduate degree you will seek? _____

Positions held in gainful employment, periods of employment, average time employed each week, earnings, etc: _____

LEADERSHIP POSITIONS AND OFFICES:

List by name and by year (9, 10, 11, 12) leadership positions and offices held for school, church, community and volunteer activities.

Example:

Student Council President (12)

_____	_____
_____	_____
_____	_____
_____	_____

MEMBERSHIPS:

List by name and by year memberships and other participation for school, church, community and volunteer activities.

Example:

Basketball (9, 10, 11)

_____	_____
_____	_____
_____	_____
_____	_____

HONORS AND AWARDS:

List by name and by year the honors and awards you have received for school, church, community and volunteer activities.

Example:

Hospital Volunteer of the Year (1)

_____	_____
_____	_____
_____	_____
_____	_____

PERSONAL STATEMENT:

Write (type or print) a paragraph of 100 to 300 words, indicating your chosen field of college study. State your reasons for this choice. Include pertinent experiences, activities and accomplishments. Attach to final page of application.

Have you applied for scholarships or financial aid? _____ If so, give details _____

Have you been granted Scholarship Aid? _____ If so, give details _____

Do you intend to apply for Financial Aid at the college(s) you plan to attend? _____

If so, give details _____

Are you in the A+ Program? _____

ESTIMATED EXPENSES FOR YOUR COLLEGE OR TECHNICAL SCHOOL YEAR

Tuition and Fees.....\$ _____

Books and Supplies.....\$ _____

Board and Room\$ _____

Commuting Expense, if any.....\$ _____

Clothes\$ _____

Incidentals (haircuts, laundry, etc)\$ _____

Recreation\$ _____

Miscellaneous Expenses\$ _____

TOTAL.....\$ _____

YOUR ESTIMATED RESOURCES FOR THE COMING SCHOOL YEAR

Summer Savings\$ _____

Other Savings and Assets.....\$ _____

Contributed by Parents.....\$ _____

Contributed by Relatives and Friends.....\$ _____

Loans from Parents\$ _____

Any Other Loans.....\$ _____

Part-time Job Earnings\$ _____

Veterans Benefits of any kind\$ _____

Scholarships\$ _____

Any Other Income or Resources.....\$ _____

TOTAL.....\$ _____

PARENTAL FINANCIAL ANALYSIS

Father's Income Before Taxes\$ _____

Mother's Income Before Taxes\$ _____

Number Living in Household _____

Number of Family Members Attending College this fall _____

Medical and Dental Expenses Not Paid by Insurance\$ _____

Value of Investments (Stocks, Bonds, Life Insurance, Retirement)\$ _____

Any Additional Data or Unusual Circumstances to Show Financial Need and General Worthiness:

REFERENCES

For reference give the name, address and occupation of two persons you have contacted concerning your qualifications. Request that they provide a Letter of Recommendation to you in a sealed envelope which must accompany this application.

NAME _____

NAME _____

Address _____

Address _____

Signature of Applicant

APPROVAL OF PARENTS

I (We) have read the statements contained in this Application. They are accurate and I (We) approve this Application.

Signature(s) of Parent(s) or Guardian

DATED: _____