

JUNIOR LEAGUE OF LOWER COLUMBIA
Scholarship Application



APPLICANT INFORMATION										
Last Name					First			M.I.	Date	
Street Address							Apartment/Unit #			
City				State			ZIP			
Phone				E-mail Address						
County of Residence								Date of Birth		
Scholarship Applying for:	Junior League of Lower Columbia Memorial Scholarship									

EDUCATION										
High School					G.P.A					
Graduation Date:				ACT/SAT Scores (attach copy)	Verbal:		Math:			
College					G.P.A					
From		To		Credits Earned:			Degree			
Other					G.P.A					
From		To		Credits Earned:			Degree			

COMMUNITY SERVICE CONTRIBUTIONS										
<i>Volunteer Activities</i>										
Club/Activity						Dates				
Describe what you do/did:										
Club/Activity						Dates				
Describe what you do/did:										
Club/Activity						Dates				

Describe what you do/did:		
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SCHOOL INVOLVEMENT

Activities & Clubs

Club/Activity		Dates	
Describe what you do/did:			
Club/Activity		Dates	
Describe what you do/did:			
Club/Activity		Dates	
Describe what you do/did:			
Club/Activity		Dates	
Describe what you do/did:			

EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Do you plan to work while in college?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Responsibilities			
From	To		
Company		Phone	
Address		Supervisor	
Job Title	Do you plan to work while in college?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Responsibilities			
From	To		

FINANCIAL AID

Name of School planning to attend:	Housing: Off Campus On Campus <input type="checkbox"/> <input type="checkbox"/>
List all schools accepted to:	
What is your Estimated Family Contribution (EFC) as determined by FAFSA:	

ANTICIPATED SCHOLARSHIP/GRANT ASSISTANCE

Please name any anticipated scholarships and grants:

Any other financial support?

CERTIFICATION & AGREEMENT (SIGNATURE REQUIRED FOR CONSIDERATION)

I certify that the facts set forth in the above scholarship application are true and complete to the best of my knowledge. I understand that if selected, a falsified statement on this application shall be considered sufficient cause for the repeal or denial of any award.

Signature & Date: