



**LIONS SINGLE DISTRICT 10  
SCHOLARSHIP APPLICATION**

DATE: \_\_\_\_\_ HAVE YOU RECEIVED THIS SCHOLARSHIP BEFORE? \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

PARENT / GUARDIAN: \_\_\_\_\_

ADDRESS OF PARENT / GUARDIAN: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_

ADDRESS OF HIGH SCHOOL: \_\_\_\_\_

GUIDANCE COUNSELOR: \_\_\_\_\_

GUIDANCE COUNSELOR PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

VOCATIONAL / TRADE / COLLEGE / UNIVERSITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

STARTING DATE: \_\_\_\_\_ ESTIMATED COMPLETION DATE: \_\_\_\_\_

**PLEASE ATTACH THE FOLLOWING ITEMS TO THIS APPLICATION –**

- A LETTER FROM YOUR HIGH SCHOOL STATING THAT YOU WILL OR HAVE GRADUATED FROM THAT SCHOOL
- A COPY OF THE LAST GRADES FROM YOUR HIGH SCHOOL
- A LETTER FROM YOU STATING YOUR MAJOR COURSE OF STUDY, THE REASON THAT YOU FEEL YOU QUALIFY FOR THIS SCHOLARSHIP **(BE SURE TO INCLUDE YOUR DISABILITY)** AND ANY COMMUNITY INVOLVEMENT OR VOLUNTEER EXPERIENCE.

**THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY AND ALL ABOVE ITEMS ATTACHED OR THE APPLICANT WILL BE DISQUALIFIED.**

**PLEASE NOTE: APPLICATION AND ACCOMPANYING INFORMATION MUST BE POSTMARKED BY APRIL 1.**

SEND COMPLETED APPLICATION TO:  
LIONS SINGLE DISTRICT 10 SCHOLARSHIP COMMITTEE  
LION JANE LANAVILLECHAIRPERSON  
N16520 HAHN LANE  
WILSON, MI 49896