

2019 SCHOLARSHIP APPLICATION

St. Augustine Lions Club

235 SR207 Ste 3B Box 6, St. Augustine, FL 32084

I, _____, _____, _____
(Name) (Date of Birth) (Phone No.)

residing at: _____
Number & Street

_____ City State ZIP

make application for a Lions Scholarship for the Fall, 2019 through Spring, 2020 classes at:

(Name of School of Higher Learning)

Are you receiving any scholarships with a value of \$20,000 or more from the school you will be attending? YES NO (circle one)

High School Presently Attending: _____

Father/Guardian Name: _____ Occupation: _____

Mother/Guardian Name: _____ Occupation: _____

Brothers and Sisters and Ages: _____ No. in College: ____

Class Rank: _____ out of _____ students in your class. **Weighted GPA:** _____
School Counselor Signature Verifying Above: _____

List **School** Organizations and Activities: _____

(Applicant's Signature) (Date)

(Parent or Legal Guardian Signature) (Date)

Your application will be evaluated on the following criteria:
(A) Service to Community, (B) Financial Need, and (C) Character & Maturity of Objectives.

Be sure to complete the box above and have your Counselor sign!
Attach: (1) One Letter of Recommendation from a responsible source outside of family or relatives, (2) a Statement explaining your Community Service (excluding school organizations), (3) a Statement explaining your Financial Need, (4) a Statement explaining Why You Have Chosen a Particular Course of Study.

Application and attachments must be RECEIVED by Lions Club by March 31st !!!