

**LST/HP/GS
Scholarship Application**

Student/Applicant Name: _____

Address: _____ City: _____ VA Zip _____

Telephone Number: _____ Date of Birth: _____ SSN: _____

Name of Father/Guardian: _____

Address: _____ City: _____ VA Zip _____

Occupation: _____

Name of Mother/Guardian: _____

Address: _____ City: _____ VA Zip _____

Occupation: _____

List all other dependents in your household:

Name: _____ Age _____ Relationship _____ College? _____

Name: _____ Age _____ Relationship _____ College? _____

High School(s) attended:

School Name: _____ Location: _____ Date Attended _____

School Name: _____ Location: _____ Date Attended _____

Course of Study: _____

SAT/ACT Score _____ Cumulative GPA _____ Number of AP Courses _____

Colleges to which you have applied:

Name: _____ Location: _____

Field of Study _____ Have you been accepted? _____

Name: _____ Location: _____

Field of Study _____ Have you been accepted? _____

Honors and Activities: List on a separate sheet of paper any scholastic honors and awards that you have received while in high school.

I CERTIFY THAT EVERYTHING I HAVE STATED AND REPORTED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AT THIS TIME. I UNDERSTAND THAT THE LST/HP/GS CIVIC LEAGUE WILL RETAIN THIS APPLICATION AND ITS ENCLOSURES WHETHER OR NOT I AM SUCCESSFUL IN RECEIVING A SCHOLARSHIP. I FURTHER AGREE THAT THE DECISION OF THE SELECTION COMMITTEE WILL BE FINAL.

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____