

Statement of Understanding for Students

I,, certify tha	t I have read and
understand the conditions of the Butler Grand Legal information within is accurate. I understand that this to the committee to determine my selection for the access letters of recommendation on my behalf.	acy Scholarship and that all sapplication will be accessible
I also understand that if selected for the scholarshi and photo to be used to promote the Butler Grand understand that if chosen, I will provide my enrollm semester of the college/university in which I am att also provide my college/university Student ID number the college/university Financial Aid Office as well a	Legacy Scholarship. I also nent information for the fall ending in the year of 2024. I will ber, the contact information for
Signature of Scholarship Applicant	
Date of Application	



Scholarship Application 2024

Application Deadline is June 16, 2024

Applicant Inform	ation			
Last Name:				
First Name, Middle I	nitial:			
Parent/Guardian Na	me(s):			
Age:	Date of Birth:			
Are you a first-gene	ration college studer	nt?	Yes	No
Street Address:				
City, State and Zip C	Code:			
Phone Number:		Email Add	lress:	
Name and Location	of High School:			
Current High School GPA on a 4.0 scale:				
Name of Guidance (Counselor:			
List any academic honors, awards or memberships during high school:				



List any hobbies, outside interests or extracurricular activities:
List any non-school related volunteer activities:
Name of future college/university:
Anticipated Field of Study:



Application Questions
What does the opportunity to attend college mean for you and your family?
What do you hope to accomplish with a degree in STEM, Law or Criminal Justice?
What does it mean to leave a legacy and how will you pay it forward?



Application Checklist

Completed Application Packet

High School Transcript

One Letter of Recommendation (Teacher, Counselor, Administrator, or Community Leader)

Email completed application to legacyleaders@butlergrandscholars.com