

Juneteenth – Jefferson City Scholarship Application

Recent High School Graduate

DEADLINE DATE FOR SUBMISSION OF APPLICATION: JULY 22, 2023

Name: (Last, First, Middle)	
Gender: (Male or Female)	
Date of birth:	
Name of Parent or Guardian:	
Phone:	
Address (Street or PO Box): _	
City, State, Zip Code:	
High School Graduation Date	
List name of social or commu	nity organizations you are or have been a member of, and any office held:
	
Provide a list of extracurricul	r activities you have participated in:
I approve for the Lincoln Univ	ersity Financial Aid Office to release my financial needs information to the ittee: Yes $oldsymbol{\square}$
Juneteenth-Jefferson City Sch	ly understand the above and the enclosed information supplied to the larship Committee. To the best of my knowledge, I attest that all the above that any false information will automatically forfeit this application.
Signature:	Date:
Please print and submit this c	empleted form and requested transcript to:

Juneteenth -Jefferson City Scholarship Committee PO Box 1241 Jefferson City, MO 65102