

## Bill & Jette Lindsay Scholarship Application

### ***Applicant Information:***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Current Member: Y \_\_\_ N \_\_\_

Previous Scholarship Recipient: Y \_\_\_ N \_\_\_

### ***Academic Information:***

Name of Institution: \_\_\_\_\_

Academic Year: \_\_\_\_\_ - \_\_\_\_\_

Term: Fall \_\_\_ Spring \_\_\_

Declared Major: \_\_\_\_\_

Classification: Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior \_\_\_ Graduate Student \_\_\_

Hours Completed in Previous Academic Year: \_\_\_\_\_

GPA from Previous Academic Year: \_\_\_\_\_

### ***Anticipated Expenses:***

Tuition and Fees: \_\_\_\_\_

Books and Supplies: \_\_\_\_\_

Room and Board: \_\_\_\_\_

Total: \_\_\_\_\_

### ***Acknowledgement:***

I hereby certify that the above and foregoing information is furnished in support of my request for student financial assistance and is true and correct to the best of my knowledge. I request the sum of \$\_\_\_\_\_, up to a maximum of \$500.00 for such purpose.

In furtherance of my request, I will be available for a personal interview and can provide proof of enrollment or other documentation confirming the above, if requested by the committee.

\_\_\_\_\_

**Applicant Signature**

**Date**