



2020 LEORA HILL SCHOLARSHIP APPLICATION



APPLICANT INFORMATION

Applicant Name: _____ Date: _____
 Name: Last First M.I.

Address: _____
 Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

MEMBERSHIP INFORMATION

Member Name: _____ State Department: _____

Are you a member? YES NO If not, do you have a membership application attached? YES NO

Are you the person applying for the scholarship? YES NO If no, what is your relationship to the applicant? _____

EDUCATION HISTORY

Scholarship Type: (please circle one) High School College

High School Scholarship Applicants: \$250 Award

High School Name: _____ Location: _____

Years Attended: _____ Graduation Status: Completed Not Completed

Accumulative GPA (2.5 minimum): _____

Please list any groups or sports you were/are involved, or awards received:

College Scholarship Applicants: \$1000

College Name: _____ Location: _____

Start Year: _____ Undergraduate Major: _____

Expected Completion Date: _____ Post Graduate Field of Study: _____

Accumulative GPA (2.5 minimum): _____

Please list any groups or sports you were/are involved, or awards received:
 *Please submit proof of enrollment with your completed application.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

I understand that false or misleading information in my application will cause my essay to be disqualified and I will not be able to apply for a scholarship in the next cycle.

Applicant's Signature: _____ Date: _____

Member's Signature: _____ Date: _____