

**Lake Stevens Education Foundation
Scholarship Application
2015**



Applicant's Name

First

Middle

Last

ID #

[Empty box for ID #]



AWARD AMOUNT

[Empty box for Award Amount]

APPLICANT

Mr. _____
Ms. Name (Last) (First) (MI) Social Security Number (Optional)

Permanent Address (Street) (City) (State) (Zip)

Date of Birth (month, day, year) Telephone Number E-Mail Address

Name of parent/guardian _____

Permanent mailing address of parent/guardian if different from applicant

(Street) (City) (State) (Zip)

Telephone Number

SCHOOL

High School Attended _____ Graduation Date: Month _____ Year _____

Address _____
(Street) (City) (State) (Zip) Telephone Number

Name of High School Principal _____

Name of postsecondary school for which applicant's scholarship is requested: _____
4-year College/University Vo-Tech
Community College Other
Accredited? Yes No

Address _____
(City) (State) (Zip)

Student will: Live on campus Live off campus commute

Enrolled: less than half-time half-time or more full-time

Anticipated date of graduation from postsecondary program _____
(month) (year)

Major field of study applicant plans to pursue _____

DEMOGRAPHIC DATA (optional)

Please Check All that Apply:

- African American/Black
- Asian/Pacific Islander
- Hispanic/Latino
- American Indian/Alaska Native
- White/Caucasian
- Other (Please Specify) _____

ESSAY PORTION:

In a brief essay please explain your future plans as they relate to your educational and career objectives and future goals. Please describe how and when any unusual family or personal circumstances/challenges have affected your achievement in school, work experience, or your participation in school and community activities and how you overcame them.

Please attach essay to application with other required documents.

TEACHER RECOMMENDATIONS:

Please attach two brief recommendations from a current or former teacher.

TRANSCRIPT INFORMATION

High school seniors and students who have completed less than one full semester of postsecondary education must include a high school transcript of grades and have the following section completed by the appropriate school official.

Applicant ranks _____ in a class of _____ Cumulative grade point average _____/4.0 scale

PSAT Verbal _____ Math _____ SAT Verbal _____ Math _____

ACT Standard English _____ Math _____

School Official's Signature Date Title Telephone Number ()

School Address (Street) (City) (State) (Zip)

APPLICATION CHECKLIST

This application for student aid becomes complete only when you have returned the following materials (Two first-class stamps are required for mailing.)

- Application
- Essay
- Current Transcript of Grades
- Letters of Recommendation

Return Application by April 24, 2015 to: Kim LaFortune LSHS Career Center or
Lake Stevens Education Foundation Scholarship Committee
P O Box 1495
Lake Stevens, WA 98258