

Linnell Family Association Scholarship Fund

LFASF - Application for Scholarship Award

APPLICANT NAME: _____

LFA genealogical identification number, if known _____

ADDRESS: _____

PHONE NUMBER: **Home:** _____

School: _____

EMAIL ADDRESS: _____

NAME OF PARENT(S): _____

CURRENT AGE: ____ **GRADE:** ____ **COLLEGE LEVEL:** __ Undergrad __ Grad

CURRENT SCHOOL YEAR (i.e. 2016/17): _____

NAME OF SCHOOL CURRENTLY ATTENDING:

CURRENT SCHOOL ADDRESS:

Will you be attending this school during the next school year? ____ Yes ____ No

If not, give the name of the school you will be attending (High School seniors without this information yet can notify the LFASFAC at a later date, to be announced).

SCHOLARSHIP SCHOOL NAME:

SCHOLARSHIP SCHOOL ADDRESS:

Name, address and title of 2 people writing letters of recommendation for student:

I acknowledge that my essay may be published by the LFA. _____ (Initials)

APPLICANT SIGNATURE: _____