HOMOSASSA LIONS FOUNDATION

$1,000 SCHOLARSHIP

SCHOLARSHIP APPLICATION

*SUBMIT TO:*

*Guidance Office*

## SUBMISSION INFORMATION

* Preference will be given to applicants planning to major in the health care field with interest leaning toward eyesight preservation, the hearing impaired, the mentally challenged, or speech, physical or occupational therapy.
* Students must have at least a 2.5 GPA.
* Only Lecanto or Homosassa residents may apply.
* All information is confidential.
* Return completed application to the Guidance Office no later than Tuesday, March 16, 2021.
* All applications will be reviewed by the Club’s Scholarship Committee and recipient chosen by the same.

## PERSONAL INFORMATION

|  |  |
| --- | --- |
| ITEM | INFORMATION |
| NAME |  |
| TELEPHONE NUMBER |  |
| ADDRESS |  |
| CITY |  |
| STATE |  |
| ZIP |  |
| DATE OF BIRTH |  |

Do you have a Social Security Number?

Yes

No

Do you live with your family?

Yes

No

How many children are in your family, and what are their ages?

## PARENTAL INFORMATION

|  |  |
| --- | --- |
| ITEM | INFORMATION |
| FATHER’S NAME |  |
| FATHER’S OCCUPATION |  |
| FATHER’S EMPLOYER |  |
| FATHER’S YEARLY INCOME |  |
| MOTHER’S NAME |  |
| MOTHER’S OCCUPATION |  |
| MOTHER’S EMPLOYER |  |
| MOTHER’S YEARLY INCOME |  |

## EMPLOYMENT INFORMATION

Are you employed?

If yes, where?

If yes, for how long have you been employed?

## COLLEGE INFORMATION

What is the name of the college you plan to attend?

Have you applied?

Yes

No

Have you been accepted?

Yes

No

What is the amount of assistance you will receive from your family?

Are you eligible for a grant?

Yes

No

Have you received any other scholarships/grants?

Yes

No

If yes, how much?

## SCHOOL ACTIVITIES

Please list any School Activities (Honors, Clubs, Talents, etc.) that you are a part of.

## COMMUNITY AFFAIRS AND SERVICE HOURS:

Please list your Community Affairs/Service Hours.

What is your GPA?

## CAREER INFORMATION

What is/are your career goal(s)?

What is/will be your college major?

## ATTACHMENTS

Please include the following attachments.

TRANSCRIPT: Please attach your transcript.

LETTERS OF RECOMMENDATION: Please attach two letters of recommendation (NOT relatives).

ESSAY: Write a brief essay (200-500 words) explaining why you want to go to college and how this scholarship will help you to do so.

**I have reviewed the academic information submitted by this student and verified its accuracy.**

|  |  |
| --- | --- |
| **Signature:** | **Date:** |

I (the counselor) understand that checking (clicking) this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.

**I hereby request that a copy of my transcript be attached to this completed application.**

|  |  |
| --- | --- |
| **Signature:** | **Date:** |

I (the student) understand that checking (clicking) this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.