

Lena Sammons Reed Memorial Scholarship Application

(Application must be postmarked by the postal service on or before the due date. No hand delivered applications will be accepted.)

Applicant information

| | | |
|---|--|------------------|
| Full Name: | | |
| Current Address: | | |
| City: | State: | Zip Code: |
| Permanent Address: | | |
| City: | State: | Zip Code: |
| Current Phone Number: | Local Phone Number if applicable: | |
| E-mail Address: | | |
| List dates attended and your teachers at Crawford public school: | | |
| Graduation date from HHS: | | |
| HHS GPA (minimum of 2.0): | | |

Post Secondary Education

| | | |
|--|---------------------------|------------------|
| Major: | Length of Program: | |
| Anticipated date of attending post secondary education: | | |
| Anticipated College or Vocational School: | | |
| Mailing Address: | | |
| City: | State: | Zip Code: |

Essay: must be hand written. Maximum of 500 words that explains the following to the selection committee:

“Describe your goals in life and how will this scholarship help you achieve them.”

Remember that grammar and spelling will be assessed as part of the criteria for selection.

[Insert hand written essay here, add a page if you need more room]

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Estimated Costs Worksheet

(If the program is not based on semesters, please explain how the program is organized.)

| | |
|---|----|
| Tuition per semester: | \$ |
| Room and Board per semester: | \$ |
| Books/materials (explain if the materials are part of the training): | \$ |
| Additional fees , if applicable to be able to complete the program (e.g. flight training, assessments, and certification tests). Please explain. | \$ |
| Total per semester: | \$ |
| Total needed for the entire degree or program? | \$ |

Estimated funding available per semester

Financial Aid Award amount per semester of the upcoming school year

| | |
|--------------------|----|
| Grants: | \$ |
| Loans: | \$ |
| Work Study: | \$ |

Scholarships already received -List the scholarship and amount of award below:

- 1.
- 2.
- 3.

| | |
|--|----|
| Your contribution available per semester: | \$ |
| Family support per semester: | \$ |
| Total support available per semester: | \$ |

Funding of scholarships is based upon availability of funds and the decisions of the selection committee are final and not subject to any questions or review by applicants.

The information I have provided on this scholarship application is true and correct to the best of my knowledge.

| | |
|--------------------------------|--------------|
| Signature of Applicant: | Date: |
|--------------------------------|--------------|

Selection Committee use only:

| | |
|--|-------------------------|
| Circle one: Approved / Declined | Award Amount: \$ |
| Signature: | Signature: |
| Signature: | Signature: |
| Date of Meeting: | |