

Corcoran Lions Scholarship Application

ID#: _____

Award Amount: _____

Please Print or Type

****Must be a Resident of the City of Corcoran****

APPLICANT DATA (Transcript of Grades must accompany this Application)				
Mr. <input type="checkbox"/>	Name	_____		
Ms. <input type="checkbox"/>	(last)	(first)	(middle initial)	Social Security #
Permanent Address		(street)	(city)	(state) (zip)
Date of Birth (month/day/year)		Telephone Number		
Name of Parent/Guardian _____				
Permanent mailing address of Parent/Guardian if different from applicant.				
		(street)	(city)	(state) (zip)
		Telephone Number		

SCHOOL DATA						
High School attended	_____			Graduation Date	Month	Year
School Address	(street)	(city)	(state)	(zip)		
School Phone #	_____			Name of High School Principal _____		
Name of Post-Secondary School for which the applicant's scholarship is requested.						
Address	(street)	(city)	(state)	(zip)		
4-Year College/University	Community College	Vo-Tech	Other	Accredited ?	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year in Post-Secondary program during coming school year:						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Undergraduate	1	2	3	4	5	Graduate 6
Student will:	<input type="checkbox"/> Live on Campus		<input type="checkbox"/> Live off Campus		<input type="checkbox"/> Commute	
Enrolled:	<input type="checkbox"/> less than half-time		<input type="checkbox"/> half-time or more		<input type="checkbox"/> full-time	
Anticipated date of graduation from post-secondary program				Month	_____	Year
				_____	_____	_____
Major field of study applicant plans to pursue _____						

ALL APPLICATION INFORMATION IS STRICTLY CONFIDENTIAL

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

Applicant's Signature _____

Date _____

****YOU MUST COMPLETE THE REVERSE SIDE OF THIS FORM****

Personal Data

ID: _____

Describe your work experience during the past 4 years. Indicate dates of employment in each job and approximate number of hours worked per week. List total amounts earned at each job.

Position	Date From	Date To	Hours/Week	Amount Earned

List all school activities in which you have participated during the past 4 years. (e.g. student gov't. Music, Sports, etc)
 List all community activities in which you have participated during the past 4 years. (e.g. Red Cross, Church, Volunteer, etc.)

Activity	# of Years	Special Awards, Honors	Activity	# of Years	Special Awards, Honors

Make a statement of your plans as they relate to your educational and career objectives and future goals.

Please note any financial or family hardship situations that may influence a final decision.

Other Awards

Please List below the name and amount of any grants of scholarships that you have been awarded for the upcoming school year.

Name of Award	Amount	Granted	Pending

Submit completed forms to: Jerry Cain, 22835 County Rd 10, Rogers, MN 55374

Visit our Website: corcoranlions.com