The Joseph P. Reed Alumni Scholarship

Applicant Information Form

*Print, complete, sign, & deliver this form to Ms. Casey in the Lakeside Counseling Office, along with the Transcript Release Form. This form MUST be received by Ms. Casey prior to the **end of school** on March 15, 2019.*

Applicant Name: _____
First Middle Last

RECOMMENDATION LETTER CONTACT INFO:

1. Name: _____ 2. Name: _____

Email: _____ Email: _____

POST-SECONDARY SCHOOL DATA:

School Name: _____

4-yr University/College ☐ Vocational/Technical ☐ Community College ☐ Other ☐

Admission Status: Accepted: ☐ Pending: ☐ Enrolled: ☐

APPLICANT PERSONAL CONTACT INFO:

Permanent Address: _____
Street City Zip

Telephone Number: _____ _____
Home Cell

Email address: _____

By 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 awarded. I also certify that I have read the instructions and will comply with all requests for documentation, notification of other scholarship awards, and/or change of post-secondary school plans. I also acknowledge the Foundation Scholarship Review Committee will not consider incomplete or late applications and I accept the responsibility of ensuring all documents are received by the deadline.

_____ _____
Applicant Signature Date Parent/Guardian Signature Date

PRINT THIS FORM TO FIT ON ONE PAGE