

GALENA LIONS CLUB

SIGHT & SOUND SCHOLARSHIP  
APPLICATION 2019

Applicant's Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Present School Status: (check one)

- High School
- Undergraduate
- Graduate
- Vocational
- Other \_\_\_\_\_
- Not in school at this time

Name of school to which scholarship would be applied: \_\_\_\_\_

Date of acceptance to this school: \_\_\_\_\_

Your current grade point average: \_\_\_\_\_

Your current school/last school attended:

\_\_\_\_\_

Your chosen field of study: \_\_\_\_\_

List Academic Honors, Extra-Curricular Activities, or other achievements and activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please submit your Letter and References on separate pages.

Thank you