

Lincoln County Educational Fund, Inc.
Post Office Box 423
Stanford, Kentucky 40484

Full Name _____
Last First Middle

Home Street Address _____

Telephone Number _____

Date of Birth _____

Social Security Number _____

REQUIREMENTS FOR CONSIDERATION OF AN APPLICATION

1. Applicant must have attended a Lincoln County high school for the two (2) years immediately preceding graduation.
2. Applicant must have a cumulative grade point average of 2.0 or above, based on a 4.0 grade point grading scale. Grades above the minimum will not be a factor in making awards.
3. Applicant must show a financial need, after having applied for financial aid at their chosen college/university.
4. Applicant must be working towards a four year or two year degree from an accredited college/university.
5. Applicant must submit with this application a transcript of all high school classes taken and grades received. The transcript must list the applicant's enhanced ACT/SAT scores and GPA as of January of the application year.
6. Applicant must apply for financial aid from the college/university he/she plans to attend. When it becomes available to the applicant he/she must provide the Awards Committee with a copy of the financial aid package provided by the school, and information on any other grant, scholarship, or other aid available to the applicant. This information will be used by the Awards Committee in determining the amount of any award.
7. Applicant must obtain completed Recommendation Form from one (1) of his/her teachers. Print the name of the teacher on the Faculty Recommendation Form and deliver all four pages of forms to your counselor.

Grade Point Average _____ SAT Score _____ Date Taken _____

ACT Score _____ Date Taken _____

UNIVERSITY /COLLEGE PLANNING TO ATTEND

Name of University/College of First Preference _____

City _____ State _____

Degree Desired _____ Presently Planning to Study _____

Estimated Annual Total Cost as given in Getting In \$ _____

What is your FASFA EFC score? _____

Where will you live while attending? Home ____ In Campus Dorm ____ In Apt/House ____
Other _____ I have applied for admission to the named college/university Yes ____ No ____
I have been accepted at the named college/university Yes ____ No ____

SCHOOL ACTIVITIES

1. Name of Activity _____ School Year _____

Description of Activity _____

_____ Hours Per Week _____

2. Name of Activity _____ School Year _____

Description of Activity _____

_____ Hours Per Week _____

3. Name of Activity _____ School Year _____

Description of Activity _____

_____ Hours Per Week _____

OTHER ACTIVITIES

1. Name of Activity _____ School Year _____

Description of Activity _____

_____ Hours Per Week _____

2. Name of Activity _____ School Year _____

Description of Activity _____

_____ Hours Per Week _____

3. Name of Activity _____ School Year _____

Description of Activity _____

_____ Hours Per Week _____

SELF-EVALUATION OF ACTIVITIES

Which activities have you found to be most challenging and why?

Which activities have given you the most personal satisfaction and why?

SELF-EVALUATION OF ACADEMIC RECORD

How do you feel about your academic performance?

(attach additional page if necessary to answer completely)

STATEMENT OF APPLICANT

In the space provided below, please make a short statement in your own words of the reasons you are applying for a Lincoln County Educational Fund, Inc. award and any special reasons you believe you should be granted an award.

(attach additional page if necessary to answer completely)

TERMS AND CONDITIONS OF APPLICATION

I have read and understand this application. To the best of my knowledge, the information contained herein is true and complete. The Awards Committee has my permission to contact the schools, relatives, and other persons or organizations/employers named in this application. The Awards Committee has my permission to contact such other sources as it deems necessary for consideration of an award to me. I understand that at least some of the information I have presented will be verified by outside sources.

I understand that any information contained herein discovered to be false or deliberately misleading will result in the removal of this application from consideration. I also understand that I have a continuing obligation to inform the Awards Committee if any of my pertinent information (i.e., name of chosen college/university, amount of financial aid awarded by the college/university, address, phone number) has changed since submission of the application and during the period of consideration of this application.

If I am granted an award, I authorize the college/university I attend to release my grades each semester to the Awards Committee for the purpose of ascertaining my continuing eligibility for the Lincoln County Educational, Inc. financial assistance.

I am enclosing a recent photograph which will not be returned to me. If granted an award, I authorize the Fund to use my name and photograph in its newspaper articles and other publications. (Signatures below)

STUDENT _____ DATE _____

PARENT/GUARDIAN _____ DATE _____

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FACULTY RECOMMENDATIONS

Student's Name _____

To the Recommender:

We request that you sign this form indicating that you have received a Recommendation Form. Individual Recommendation Forms will remain anonymous. Please place the completed Recommendation Form in a sealed envelope, write the student's name on the outside, and return it to the Guidance Center by March 30.

Name of Recommender

Date

Subjects Taught

(print)

(signature)

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Recommendation Form

Student's Name _____ Date _____

To the Recommender:

We request your help with evaluations of the characteristics listed below. Responses should be on comparison with other students you have known. Any comments that you believe would be important to our understanding of your rating should be noted in the column on the right. Additional remarks may be placed on the back of the sheet. Please remember that the Lincoln County Educational Fund, Inc. awards are made based on outstanding character and financial need, not on the basis of test scores or grade point averages.

Thank you for your assistance in helping us identify the select group of Lincoln County Educational Fund, Inc, award winners.

Characteristics	Extraordinary Top 2%	Outstanding Upper 10%	Good Upper 25%	Average	Below Average	No Opportunity to
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Work Ethic _____

Completes Undertakings _____

Willingness to Help Others _____

Truthfulness _____

Ability to Respond Appropriately to Criticism _____

Willingness to Try _____

Ability to Get Along With Others _____

Explanatory Comments (include observed weaknesses):

Please Comment on Potential

Given the opportunity, does this student possess the capability of realizing his/her ambitions and goals?

(use the back of the sheet for additional comments)

Give this completed Recommendation Form to the student's counselor in a sealed envelope with the student's name on the outside of the envelope. Do not sign this Recommendation Form. Instead, please sign the attached Faculty Recommendation form, indicating that you have filled out a Recommendation Form, and return it to the counselor.