



**DISTRICT 1-CS SHAWNEETOWN LIONS SCHOLARSHIP APPLICATION  
HIGH SCHOOL GRADUATE**

**INSTRUCTIONS:** Please complete this form and return to the school counselor no later than April 24, 2020. To be considered you must be an Illinois resident and submit all required information by specified date.

COLLEGE TO BE ATTENDED: \_\_\_\_\_ LOCATION: \_\_\_\_\_

**BIOGRAPHICAL INFORMATION:**

NAME: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**FAMILY BACKGROUND:**

NAMES OF PARENTS: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**EDUCATIONAL BACKGROUND:** To be filled out by school counselor or student

HIGH SCHOOL ATTENDED: \_\_\_\_\_ LOCATION: \_\_\_\_\_

GRADUATION DATE: \_\_\_\_\_ HIGH SCHOOL CUMULATIVE GPA: \_\_\_\_\_

HIGH SCHOOL SAT RESULTS: \_\_\_\_\_ (optional)

HONORS / AWARDS / TALENTS / SPORTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Counselor's Additional Comments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PROFESSIONAL ASPIRATIONS and PERSONAL STATEMENT:** (Your professional aspirations / personal statement is to be **written on the reverse side of this application**-please limit your statement to this page only.)

Provide a brief statement of your educational and career goals and experiences, as well as your professional aspirations. Indicate in which area(s) of study you are considering making your career, and specify how your current academic program and your overall educational plans will assist you in achieving your goal.

**PRIVACY DECLARATION:** The information requested in this application form will be used solely for the purposes of assessing your application for the Scholarship for which you are applying. Personal information contained in this application will be made available to members of the LIONS CLUBS INTERNATIONAL District 1-CS Scholarship Committee (LCISC). The LCISC undertakes to store your application in a secure place in the event that you are successful in gaining an award. The LCISC undertakes to destroy your application to preserve its confidentiality, in the event you are unsuccessful in gaining an award. Should you have reason to believe that information held about you in your application is incorrect, you have the right of access to, and correction of that information.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_