



# Lois Hammond Scholarship

## APPLICATION

LAST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

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

\_\_\_\_\_

D.O.B. \_\_\_\_\_ GENDER: \_\_\_\_\_ TEL #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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

NAME OF INSTITUTION ACCEPTED TO ATTEND: \_\_\_\_\_

GPA: ACHIEVED AT HIGH SCHOOL/EXAM RESULTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REFERENCES NAME ADDRESS & TELEPHONE#:

1. \_\_\_\_\_

2. \_\_\_\_\_

ADDITIONAL INFORMATION: