



CLAY LIONS CLUB
P.O. Box 541
Clay, West Virginia 25043

CONFIDENTIAL
APPLICATION FOR LOCAL SCHOLARSHIP
DEADLINE: MAY 1

Please Print All Information

Name of Student: _____

Name of Parent: _____

Complete Address: _____

P.O. Box/Street City Zip

Phone: _____ Social Security Number: _____

Date of Birth: _____ Sex: _____

Date of High School Graduation: _____

College/University: _____

Proposed Major: _____

Have you been accepted: Yes _____ No _____

What aid has the College/University offered you? _____

List application(s) sent to other schools: _____

List application(s) for other scholarships: _____

Scholarships or grants you have received: _____

List high school/college and community activities and positions you have held and any achievements or awards you have received: _____

HS or College GPA _____ SAT SCORE _____ ACT SCORE _____

Anticipated College expenses for this current year:

Tuition: \$ _____ Board \$ _____

Room: \$ _____ Books: \$ _____

Travel: \$ _____ Misc.: \$ _____

One Parent Family _____ Two Parent Family _____

Age of Father _____ Age of Mother _____

Number of Dependent children in family: _____

Number of Children in College: _____

