

LARRY LEONARD MEMORIAL SCHOLARSHIP

Application Form

STUDENT NAME:

TELEPHONE:

AGE:

PARENT/GUARDIAN:

EDUCATIONAL INTEREST:

ADDRESS:

METHOD OF SELECTION AND USE OF SCHOLARSHIP

I. CRITERIA FOR SELECTION:

- *DESIRE OF ACADEMIC PURSUIT*
- *ACADEMIC AND SOCIAL STANDING IN SCHOOL*

II. METHOD OF APPLICATION:

- *APPLICATION FORM*

III. SCHOLARSHIP RULES:

- *ONE HALF AMOUNT WILL BE PAID EACH FIRST YEAR SEMESTER*
- *ENROLLMENT IN A TWO OR FOUR YEAR ACADEMIC COLLEGE OF CHOICE*

BELOW, GIVE A BRIEF STATEMENT OF NEED, EDUCATIONAL PURSUIT, AND YOUR ACADEMIC AND SOCIAL STANDING IN SCHOOL. FEEL FREE TO USE THE BACK OF THE APPLICATION FORM OR AN EXTRA SHEET.

Deadline for application is Monday, May 12, 2008

Please return to: Sally Bruce
Sublette High School