

BENSALEM LIONS CLUB SCHOLARSHIP APPLICATION
P.O. BOX 222
BENSALEM, PA 19020



Application for \$1,000 Scholarship

QUALIFICATIONS:

All High School Seniors residing in Bensalem with verification of acceptance as a full time student at an institution of higher learning university or college with a grade point average of 3.0 or higher.

REQUIREMENTS & CONDITIONS:

The deadline for applications is April 30, 2018. Please include current academic transcripts and at least two letters of recommendation signed by the writer. Tax Returns may be requested to assist the Scholarship Committee in verifying eligibility.

GENERAL INFORMATION:

Name: _____ Email Address: _____

Street Address: _____ Bensalem, PA 19020

Date of Birth: _____

Current School GPA: _____ Class Rank: _____

Name of Father/Guardian: _____ Occupation: _____ Employer: _____
Address: _____

Name of Mother/Guardian: _____ Occupation: _____ Employer: _____
Address: _____

TOTAL FAMILY GROSS INCOME: Please check one:

\$0 to \$35,000 _____, \$35,000-\$50,000 _____, \$51,000-\$60,000 _____, \$61,000-\$70,000 _____

\$71,000-\$80,000 _____, \$81,000-\$89,000 _____, \$90,000+ _____ \$100,000 + _____

COLLEGE OR UNIVERSITY SELECTED: (Notify the Bensalem Lions Club of any change in your selection.)

COLLEGE/UNIVERSITY NAME: _____

ADDRESS: _____

START DATE (MONTH/YEAR): _____

Siblings residing in household attending school at this time: (include age, grade)

Why do you believe you deserve this Scholarship?

(If more space is needed, attach an additional page).

Please describe your involvement in the following areas, including any awards, special acknowledgments, etc.: sports, academic clubs, community service, clubs, and organizations, hobbies/special interests, job/work experience: _____

(Additional page may be added)

CERTIFICATION:

I(We) do hereby certify that the information provided in this application was completed and written solely by the undersigned and that the information is true and correct as of this date. I(We) consent to the review and release of this application to the appropriate persons in the Bensalem Lion's Club. I(We) agree and grant permission for use of my name and other information for recognition and/or news releases including publications, to the Bensalem Lion's Club, without promise of favor or payment. Documents received will be used solely for the betterment of the Bensalem Lion's Club and for the acknowledgement of the recipient.

Applicant Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____

(Must also be signed by Parent/Guardian if applicant is under 18 years of age at the time of application.)

MAIL TO:

**BENSALEM LIONS CLUB SCHOLARSHIPS
PO BOX 222
BENSALEM, PA. 19020**