

LUCILLE N. EVANS MEMORIAL SCHOLARSHIP APPLICATION FORM

Name: _____ Date of Application: _____

Address: _____ Date of Graduation: _____

_____ Number of children in family: _____

Ages of children living at home: _____ Number attending College: _____

Total Number of family members living at home: _____

Parent(s) or Guardian(s) (1) _____

(2) _____

Occupation(s): Father's _____

Mother's _____

Guardian's _____

Financial Need - In the space provided please indicate your family's gross income from last year.

- | | | | |
|-------|----------------------|-------|----------------------|
| _____ | under \$15,000 | _____ | \$30,000 to \$35,000 |
| _____ | \$15,000 to \$20,000 | _____ | \$35,000 to \$50,000 |
| _____ | \$20,000 to \$25,000 | _____ | over \$50,000 |
| _____ | \$25,000 to \$30,000 | | |

Other financial considerations which need to be noted:

WORK ACTIVITIES - Are you now employed? Yes _____ No _____

If yes what type of work and how many hours per week?

Describe your other work activities (such as family farm, helping at home, family business):

G.P.A.: _____

ACT Composite (If applicable): _____

EXTRACURRICULAR ACTIVITIES - Organizations and Clubs (Show years of involvement; also, please indicate any office held):

