



2017 Scholarship Application

Name: _____ School _____ 2017-18 Grade _____

Address: _____

City/State/Zip: _____

Phone: _____ E-mail: _____

Parent(s)/Guardian(s) names: _____

Address (if different from above): _____

Phone number: _____ E-mail: _____

Please explain the circumstances or need for this request: _____

This request and all the information given herein will be kept confidential.

Two references (school counselor, teacher, coach, employer, etc.) must be provided:

Name _____ Phone _____ Email _____

Name _____ Phone _____ Email _____

In addition, a copy of page 1 of the parent/guardian's most recent IRS 1040 filing must accompany any scholarship requests. Awards will be given on merit and need and may be full or partial awards.

Parent/guardian signature

Date

Return form via email to: Steve Wolfson at swolfson@loudounyouth.org . If you need additional room, please attach an additional paper.