



## 2019 Scholarship Application

Name: \_\_\_\_\_ School \_\_\_\_\_ 2019-20 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](mailto:swolfson@loudounyouth.org) . If you need additional room, please attach an additional paper.