



Leora Hill Scholarship Application

Applicant Information

Full Name: Last First M.I. Date:

Address: Street Address Apartment/Unit #

City State ZIP Code

Phone: Email

Scholarship Desired: (circle one) Middle School High School College

Qualifying Member Name:

State Department:

Are you a full dues paying member? YES NO If not, do you have a membership application attached? YES NO

Are you the person applying for the scholarship? YES NO If no, the relation of the person applying?

Education

Junior High School: Address:

From: To: Did you graduate? YES NO Diploma:

High School: Address:

From: To: Did you graduate? YES NO Degree:

College: Address:

From: To: Did you graduate? YES NO Degree:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that false or misleading information in my application will cause my essay to be disqualified and I will not be able to apply for a scholarship in the next cycle.

Signature: Date:

Member's Signature: Date: