



Leora Hill Scholarship Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

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: _____