



LINDA BOBBITT EDUCATIONAL FOUNDATION, INC.
SCHOLARSHIP APPLICATION FOR MALES AND FEMALES

DEADLINE: MARCH 1st - Each School Year

FIRST NAME:

MIDDLE:

LAST NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

PHONE NUMBER: () _____ - _____ EMAIL ADDRESS: _____ @ _____

LIST COLLEGES AND UNIVERSITIES THAT YOU INTEND TO SUBMIT AN APPLICATION TO OR HAVE BEEN ACCEPTED TO:

1. _____ SUBMITTED ACCEPTED

2. _____ SUBMITTED ACCEPTED

3. _____ SUBMITTED ACCEPTED

EXPECTED DATE OF HIGH SCHOOL GRADUATION: _____ GPA: _____

NUMBER OF HOURS OF COMMUNITY SERVICE COMPLETED TO DATE: _____

PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION:

- PROOF OF HIGH SCHOOL GPA
- TWO (2) LETTERS OF RECOMMENDATION
- A 250 WORD ESSAY EXPLAINING HOW THIS SCHOLARSHIP WILL BENEFIT YOUR FUTURE GOALS
- COLLEGE LETTER OF ACCEPTANCE
- PROOF OF HOURS OF COMMUNITY SERVICE
- PHOTO

REQUIREMENTS:

- SCHOLARSHIP RECIPIENT MUST COMPLETE 10 VOLUNTEER HOURS WITH THE LINDA BOBBITT EDUCATIONAL FOUNDATION TO RECEIVE SCHOLARSHIP FUNDS
- SCHOLARSHIP RECIPIENT AND AT LEAST ONE (1) PARENT/GUARDIAN MUST ATTEND SCHOLARSHIP AWARDS GALA TO RECEIVE SCHOLARSHIP FUNDS
- SCHOLARSHIP RECIPIENT MUST ATTEND A COLLEGE OR UNIVERSITY **NOT** A TRADE OR TECHNICAL SCHOOL

I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS CORRECT. I HAVE COMPLETED THIS APPLICATION WITH THE UNDERSTANDING THAT IT IS THE PROPERTY OF LBEF, INC. IN SIGNING THIS APPLICATION I AGREE TO ALLOW LBEF, INC. TO VERIFY MY INFORMATION.

APPLICANT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE:

() _____ - _____
PHONE #: