

LARRY LEONARD MEMORIAL SCHOLARSHIP

Application Form

Student Name: _____ Telephone _____

Age: _____ Parent/Guardian: _____

Address:

Educational Interest:

METHOD OF SELECTION AND USE OF SCHOLARSHIP

I. CRITERIA FOR SELECTION:

- a. DESIRE OF ACACEMIC PURSUIT
- b. ACADEMIC AND SOCIAL STANDING IN SCHOOL

II. MEDTHOD OF APPLICATION:

- a. APPLICATION FORM

III. SCHOLARSHIP RULES:

- a. ONE HALF AMOUNT WILL BE PAID EACH FIRST YEAR SEMESTER
- b. ENROLLMENT INA TWO OR FOUR YEAR ACADEMIC COLLEGE OF CHOICE

PLEASE ATTACH THIS APPLICATION TO A BRIEF STATEMENT OF NEED, EDUCATIONAL PURSUIT, AND YOUR ACADEMIC AND SOCIAL STANDINGS IN SCHOOL.

Deadline for application is April 22, 2010

Return to: Sally Bruce

Sublette High School