## Lampman Local Scholarship Fund: Scholarship Application Form for 2024-2025

Application Deadline: May 25, 2024

Name			Social Securit	Social Security #	
L	ast	First	Middle		
Address _	Street/P.O.	City	State	 Zip	
				•	
Email			Date of Birth	(MM/DD/YY)	
Home Phone Cell Phone			· · · · · · · · · · · · · · · · · · ·		
Married/Si	ngle	# of depende	ent children/ages		
Major inte	rests/hobbies				
Current E	mployer		Hours per week	Hourly Pay	
Occupatio	n				
			college? Degree Goal Date		
	_			<del></del>	
Name of T	ransfer College (if ap	oplicable)			
Referen	ces/Attachments	Needed:			
1.	Ensure the letter	ers contain: the referenc	rs of recommendation that were wi ce's name, and relationship (e.g., co contact telephone number and ar	ollege faculty, counselors, church	
2.	A letter telling us honors, etc.) and:	about your personal situ	uation (e.g., career goals, financia	al needs, challenges in your life	
	<ul> <li>Include any oth</li> </ul>	ner reasons why we shou	uld choose you as a recipient.		
3.	A copy of your hig attended colleges.	gh school transcript or C	GED, ASSET/ACT/SAT scores, ar	nd transcripts from all previously	
			on to be released to scholarship sel enrolled credit hours to be release		

Applicant Signature \_\_\_\_\_\_Date \_\_\_\_\_