

Lancaster-Lebanon Association of Educational Office Professionals

APPLICATION FOR BUSINESS SCHOLARSHIP

Applications must be returned to Mrs. Sherry Zimmerman by March 15, 2019 (postmarked), along with a transcript of applicant's grades, attendance record, and a recommendation from Business Education Department. Applicants must be going into a field of business such as secretarial, office technology, accounting, business management, etc.

DATE: _____ SSN: _____

Name: _____

Last

First

Middle Initial

Address: _____

Street or PO Box

City

State

Zip

Date of Birth: _____ Telephone: ____ (____) _____

Name of Parent (s) Guardian: _____

Address: _____

Street or PO Box

City

State

Zip

Father's Occupation: _____ Mother's Occupation: _____

Father's Employer: _____ Mother's Employer: _____

Phone # _____ Phone # _____

Father's Yearly Income: _____ Mother's Yearly Income: _____

List number of brothers and/or sisters: _____ Indicate age, married or single, living with parents, and if employed or in school or college.

Present High School: _____ Address: _____

College or Business School you expect to attend: _____

Have you applied? _____ Have you been accepted? _____

Date/Anticipated Date of High School Graduation (Month/Year) _____

What high school subjects have interested you the most? _____

What course of study are you going into? _____

Please list any extracurricular activities, honors, and community services:

Are you employed? _____ Number of hours weekly: _____

Name of employer: _____

Address of employer: _____

Position you hold: _____

If not employed now, were you previously employed and where? _____

Are your parents interested in your college plans? _____

Can you expect any financial assistance from them? _____

College Costs (per year) Room & Board: _____ Tuition: _____

Will you supplement your education through employment? _____

If you receive a scholarship? _____

If you do not receive a scholarship? _____

Have you applied for any other scholarship or financial aid? _____

Anticipated date of enrollment in school? _____

Will you commute? _____ Stay on campus? _____ Other? _____

Anticipated course of study: Executive _____ Legal _____ Medical _____

Time required to complete course of study: _____

PLEASE COMPLETE THE ESSAY QUESTIONS TO THE BEST OF YOUR ABILITY:

1. Please state reasons for requesting this scholarship. State any facts, which should be considered, particularly those that would establish financial need.

2. State your plans for your future occupation and significant facts about your life and your interests. You may attach a separate page for this question.

I understand that this scholarship is to be used for a secretarial/business education.

Signature _____ Date _____