

MOYER-LONGACRE MEMORIAL SCHOLARSHIP
Lebanon County Public High Schools
APPLICATION FORM

Name of Applicant _____

Address of Applicant _____

_____ Phone Number _____

Age of Applicant _____ Birth Date _____

Name of Parent/Guardian

Father _____

Address of Father _____

Father's Occupation _____

Father's Place of Employment _____

Name of Mother _____

Address of Mother _____

Mother's Occupation _____

Mother's Place of Employment _____

Annual Income

Father _____

Mother _____

Other, if any _____

TOTAL INCOME _____

Others in family supported entirely by parents:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

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College in which enrolled _____

Starting date for college _____

College program in which you are enrolled _____
(Preference will be given to those in teaching or related fields.)

List work experience you have had – places where you have worked:

List high school activities in which you participated:

List awards you have received, both in school and out of school:

What are your anticipated costs?	Tuition	_____
	Room and Board	_____
	Other	_____
	TOTAL COSTS	_____

Have you applied for, or received any other scholarships? Please list.

Applied	_____	Received	_____
Applied	_____	Received	_____
Applied	_____	Received	_____

What is your rank in your class? _____

What is your cumulative high school average? _____

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Explain below your plans and aspirations for the future. Why are you going to college? What are your objectives?

Date

Signature of Applicant

Date

Signature of Parent/Guardian