Walcott Lions Club

2024 Scholarship Application Form

| Applicant's Name | | | | | | |
|--|-------------|----------------------|------------------|-----------|------------------|-----------------|
| | First | Mid | ldle | | | Last |
| Address | | | | | | |
| | City | County | | Zip | | Street |
| Township (Check One | | Blue Grass | Cleona | | Fulton | |
| Date of Birth (MM/DE Name of Parents or G | | | Telephone # | | | |
| (if applicant is under 2 | 21) Name o | f School presently a | ttending- | | | |
| Date of Graduation from | om High Scl | hool: | | | | |
| What special recognit | | | tanding schoolwo | ork? (Hon | or, Prizes or Sc | holarships) |
| Are you presently em | | | e) | | | |
| Where/How Long? | | | | | | |

List the Activities you participated in during your high school years and since graduating (if applicable). Include jobs and organized out-of-school activities (scouting, 4H, church, etc.) as well as those connected with school (class officer, athletics, publications, clubs, music, etc.) Indicate the year or years you participated in each activity. (Include on separate page)

| n what Junior College, University, Vocational or Tra | ade School do you v | wish to enroll? | |
|--|---------------------|-----------------|---|
| • | | | |
| • | | | _ |
| | | | |
| • | | | |
| | | | |
| | | | |
| • | | | _ |
| | | | |
| | | | |
| Vhat is your planned Major? | | | |
| low did you hear about this scholarship? | | | |
| oster Counselor Word of Mouth | Other | | |
| | | | |
| | | | |
| | - | | |
| Signature of Applicant | | Date | |
| | | | |

Sent Application Along with the Following:

- A transcript of your grades 9-11 ½ along with your ACT/SAT scores verified by a counselor or administrator. Include college transcripts if applicable.
- Two letters of recommendations from teachers or employers.
- An essay of 250 words, stating the goals of your continuing education, plus how you plan to finance your education.
- A list of you of your volunteer community service activities. For example: working at a food pantry, helping disabled vets with yard work, driving seniors to doctor appointments, etc.

POSTAL MAIL OR DELIVER ALL MATERIALS WITH APPLICATION BY APRIL 15, 2024 TO:

Lucas Matzen (Scholarship Chair Person)

P.O Box 382

Walcott, Iowa 52773

lucasmatzen@aol.com

(563)370-3611