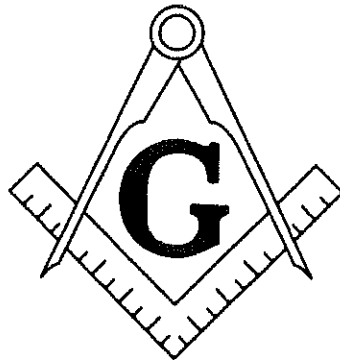




LLOYD WARD MEMORIAL SCHOLARSHIP



Friendship Lodge #89 F. & A.M.



Lloyd Ward  Memorial Scholarship

For Consideration

1. Must be received by chairman by set date _____
2. Applicant must be a high school senior planning to pursue a bachelor's or associate's degree
3. Needed for application

Lloyd Ward  Memorial Scholarship

- Signature of a parent or legal guardian
- A high school transcript
- A letter of recommendation from a non-relative

Student Information

Name: _____

Address: _____

Birthdate: _____

High School: _____

School Address: _____

Gender: M _____ F _____

List any clubs or activities you are involved in:

Lloyd Ward  Memorial Scholarship

Parent Information

Father's Name: _____

Place of Employment: _____

Job Title: _____

Work Address: _____

Work Phone: _____

Home Address: _____

Home Phone: _____

Mother's Name: _____

Place of Employment: _____

Job Title: _____

Work Address: _____

Work Phone: _____

Home Address: _____

Home Phone: _____

Number of Dependent Children in Family: _____

Lloyd Ward  Memorial Scholarship

Information Related to Post High School Education

What college or educational institution do you plan to attend?

Have you been accepted by this institution?

Do you plan to obtain an associate or bachelor degree?

What is your area of interest?

What is the anticipated annual cost for your educational program per year?

What do you feel that you have a need for this scholarship?

Lloyd Ward  Memorial Scholarship

High School Principal or Counselor completes this part
(attach transcript of applicant's grades signed by school official)

Number in Senior Class Members: girls: _____ boys: _____

Applicant's Class Rank: junior year: _____ senior year: _____

SAT Score: _____ ACT Score: _____

List any academic honors this student has received:

Evaluation of the applicant (leadership, perseverance, prediction of success at the university level):

Signed: _____

Position: _____ Date: _____

Lloyd Ward  Memorial Scholarship

Please attach with this application a recommendation statement from a person that is not members of the applicant's family.

Name of References

Name: _____

Relationship to Applicant: _____

Address: _____

Phone Number: _____

Statement of Applicant and Parent or Guardian

We have examined this application and the records are true and accurate.

Applicant's Signature: _____ Date: _____

Parent or Guardian's Signature: _____ Date: _____