

LAVINIA ENGLE SCHOLARSHIP FUND

APPLICATION

NAME \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell \_\_\_\_\_

How long have you lived in Montgomery County? \_\_\_\_\_

High School attended \_\_\_\_\_ Year of Graduation \_\_\_\_\_

SAT or ACT Scores (if available) Verbal \_\_\_\_\_ Math \_\_\_\_\_ Essay \_\_\_\_\_

What is your field of interest /career choice? \_\_\_\_\_

What college or university in Maryland will you attend? \_\_\_\_\_

Have you been accepted? \_\_\_\_\_ What year do you expect to graduate? \_\_\_\_\_

The amount and source of any financial aid you will be receiving from your college or university, US or Maryland programs or other grant providers

\_\_\_\_\_  
\_\_\_\_\_

Other scholarships or financial aid applied for \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Extra curricular and/or volunteer activities \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Appr. how many hours/week do you spend on these activities? \_\_\_\_\_

Full or part time employment during the past three years \_\_\_\_\_

\_\_\_\_\_

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To help us determine financial need, please provide the following information:

Occupation of father \_\_\_\_\_

Occupation of mother \_\_\_\_\_

Occupation of husband (if applicable) \_\_\_\_\_

Number and ages of dependent children in your family - **excluding** yourself. Please specify if they are siblings or your own children.

\_\_\_\_\_  
\_\_\_\_\_

Number of family members enrolled in college - give year and college

\_\_\_\_\_  
\_\_\_\_\_

Are there any special burdens and expenses that you and/or your family have?

\_\_\_\_\_  
\_\_\_\_\_

Where did you learn about this scholarship? \_\_\_\_\_

Please add any additional comments that you feel they would help the committee in considering your application.