

## L.I.N.D.A. SCHOLARSHIP APPLICATION

Please print.

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Year of High School Graduation: \_\_\_\_\_

College/University I Plan to Attend: \_\_\_\_\_

Major: \_\_\_\_\_

Semester/Year I will Attend College/University: \_\_\_\_\_

Why I chose my major?

Tell us about some of your most recent accomplishments.

Tell us more about your financial circumstances and how this scholarship would help you achieve your educational goals.

Member of L.I.N.D.A. Club: \_\_\_\_\_ Yes since \_\_\_\_\_ No

Name of Linda/Lynda Reference: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Mail this application to: L.I.N.D.A., P.O. BOX 269, Rockton, IL 61072. Must be postmarked by June 1.