

L.I.N.D.A. EDUCATION FUND APPLICATION

Please print.

First: _____ Middle: _____ Last: _____

(Applicant's legal first name must be Linda or Lynda.)

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: _____
(Reference must be an active member of the L.I.N.D.A. Club.)

Date: _____

Signature: _____

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