# LPMBC Youth Department APPLICATION for SCHOLARSHIP

	Last	First		Middle
Address:	Street		City	State Zip Code
ate of Birth:	Telephone			
	dd/mm/yyyy		_ Sex:	Male Female
	Social Secu	rity Number		
EMBERSHI	P INFORM	IATION		
Organization (may include church):			Member Since:	
IGH SCHOO	L INFORM	MATION		
High School:			Graduation Date:	
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	1drocc.		Principal:	
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# **ESSAY**

1.)	What contributions have you made to the church?
2.)	Describe a situation where you did not reach your goal or desired accomplishments. What did you learn from this? How will you apply the learning for future situations?
3.)	What do you feel is your greatest strength? Your greatest weakness?

#### **GOALS AND ASPIRATIONS**

Make a statement of your plans as they relate to your educational career objectives and future goals.

## OTHER INFORMATION

Please use this space for anything else you would like us to know or information you did not find space to include in other parts of this application. (use of this space is optional)

## APPLICATION CHECKLIST

This application becomes complete and valid only when you have returned all of the following materials:

Application

Three Letters of Recommendation from three different sources.

Letter of acceptance from the school you will be attending

(A letter of intent will be accepted, if an official letter of acceptance has not been received)

Application Deadline is first Monday in May, by 4:30pm