## WEST SPRINGFIELD LIONS CLUB VETERANS SCHOLARSHIP INFORMATION AND APPLICATION

Instructions and General Information

1. Eligible students must be high school seniors or college students who reside in Hampden County.

2. An application will not be considered unless postmarked by April 1, 2024 with ALL required information completed/included.

3. Applicants must be a child or grandchild of a U.S. Veteran.

4. Include a copy of all Transcripts or if you are a college student your most recent grade report showing GPA.

5. Scholarship recipients will be announced no later than May 1, 2024.

6. Scholarships will be awarded at a dinner hosted by the West Springfield Lions Club TBD

7. Award is available to the student after presentation of a copy of a college acceptance letter or if you are a college student your most recent grade report showing GPA. This information must be mailed directly to the address shown below by April 1, 2024.

8. Awards are paid directly to the Applicant.

9. Mail Applications to West Springfield Lions Club, PO Box 174, West Springfield MA 01090

10. Questions regarding this application and/or eligibility should be made to Jon Ladue by email: westspringfieldlions@gmail.com.

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WEST SPRINGFIELD LIONS CLUB VETERANS SCHOLARSHIP APPLICATION

All information on this application will be considered confidential

| Applicant's Name:   |  |  |   |
|---|--|--|---|
| Address   | และการย์ กำกัด สระสารการแก่ พระการค    |  |   |
| City  | underst .                              |  |   |
| State   | Zip Code                               |  | Telephone:                                  |
| Date of Birth:  |  |  | Sex:  |
| Father's or Guardian's Name                                 |  |  |   |
| Mother's or Guardian's Name                                 | and the relation and a constant of the | hanna mar frankran af f                  |   |
| Veteran's Name  |  | Relationship                             |   |
| Veteran's Branch of Service                                 |  | an a |   |
| Brothers and Sisters and any other ind parents or guardians | lividuals dependent on your<br>Name    |  | Age   |
|   |  |  |   |
|   |  |  |   |
|   |  |  |   |
|   |  |  |   |
| High School or College presently atter                      | nding:                                 |  | Bernelline (see gesting and see see see see |
| Address   |  |  |   |
| City  |  |  |   |
| State   | Zip Code                               |  | Telephone:                                  |
| Name of your counselor/advisor:                             | neronitina de truse.                   |  |   |
| If in High School list College or School scholarship        | for which you desire this              |  |   |
| Indicate status of acceptance                               |  |  |   |

List memberships and participation in school and community organizations and activities. Include any honors, awards, or other achievements you have received. (use additional pages if needed)

Please report any unusual family or personal circumstances you feel warrant the attention of the selection committee. (use additional pages if needed)

Make a statement of your educational and career aspirations and goals for the future. (use additional pages if needed)

Please explain how a veteran in your life has been a benefit to you.

I hereby certify that the above information is true.

Applicant's Signature

Signature of Parent or Legal Guardian