

BEVERLY HILLS LIONS FOUNDATION, INC.

PO Box 640122

Beverly Hills, FL 34465

**2024 $1,000.00 SCHOLARSHIP** APPLICATION

*SUBMIT TO:* **Guidance Office by Tuesday, April 9, 2024**

## **SUBMISSION INFORMATION**

* Preference will be given to applicants planning to major in the healthcare field with interest leaning toward eyesight preservation, the hearing impaired, the mentally challenged, or speech, physical or occupational therapy.
* Students must have at least a 2.5 GPA.
* Only Beverly Hills, Citrus Springs, Dunnellon (Citrus County), Hernando, and Lecanto residents may apply.
* All information is confidential.
* Return completed application to the Guidance Office (reviewed by counselor along with signature) no later than **April 9, 2024.**
* All applications will be reviewed by the Lions Foundation Scholarship Committee and the recipient will be chosen by the Committee.

## **PERSONAL INFORMATION**

## NAME

| ITEM | INFORMATION |
| --- | --- |
| NAME |  |
| PHONE NUMBER |  |
| ADDRESS |  |
| CITY |  |
| STATE |  |
| ZIP |  |
| DATE OF BIRTH |  |

## Do you have a Social Security Number?

## ☐Yes

## ☐No

## Do you live with your family?

## ☐Yes

## ☐No

How many children are in your family, and what are their ages?

## **PARENTAL INFORMATION**

| ITEM | INFORMATION |
| --- | --- |
| FATHER’S NAME |  |
| FATHER’S OCCUPATION |  |
| FATHER’S EMPLOYER |  |
| FATHER’S YEARLY INCOME |  |
| MOTHER’S NAME |  |
| MOTHER’S OCCUPATION |  |
| MOTHER’S EMPLOYER |  |
| MOTHER’S YEARLY INCOME |  |

## **EMPLOYMENT INFORMATION**

Are you employed?

If yes, where?

If yes, for how long have you been employed?

## **COLLEGE INFORMATION**

What is the name of the college you plan to attend?

Have you applied?

☐Yes

☐No

Have you been accepted?

☐Yes

☐No

What is the amount of assistance you will receive from your family?

Are you eligible for a grant?

☐Yes

☐No

Have you received any other scholarships/grants?

☐Yes

☐No

If yes, how much?

## **SCHOOL ACTIVITIES**

## Please list any School Activities (Honors, Clubs, Talents, etc.) that you are a part of.

##

##

##

## **COMMUNITY AFFAIRS AND SERVICE HOURS**

##

## Please list your Community Affairs/Service Hours**.**

##

## What is your GPA?

##

## **CAREER INFORMATION**

What is/are your career goal(s)?

What is/will be your college major?

## **ATTACHMENTS**

TRANSCRIPT: Please attach your transcript.

LETTERS OF RECOMMENDATION: Please attach no more than two letters of recommendation (not relatives).

ESSAY: Write a brief essay (200 - 500 words) explaining why you want to go to college and how this scholarship will help you to do so.

**I hereby request that a copy of my transcript be attached to this completed application.**

| **Signature:** | **Date:** |
| --- | --- |

☐ I (the counselor) understand that checking (clicking) this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.

**I hereby request that a copy of my transcript be attached to this completed application.**

| **Signature:** | **Date:** |
| --- | --- |

**☐** I (the student) understand that checking (clicking) this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.