



LYNNE S. BURT SCHOLARSHIP

Please **type** or **print** your answers. If your application is illegible it will be returned to you.

1.	First name: _____	Last name: _____
2.	Mailing Address: Street: _____ City: _____ State: _____ Zip Code: _____	
3.	Daytime Telephone Number: (____) _____	
4.	Date of Birth: Month _____ Day _____ Year _____	
5.	In the _____ (Summer of 2017/Fall of 2017), I will be attending the following school: _____ *Proof of acceptance or current student enrollment from the above school is required prior to receipt of funds.	
6.	I will be entering the above-mentioned school as a: (circle one) Freshman Sophomore Junior Senior	
7.	Grade Point Average (GPA) (on a 4.0 scale): _____ *Attach proof of GPA. Your most recent official school transcript is required.	

8. Name & address of parent(s) or legal guardian(s) (use reverse side of this application if you need more space):

Name(s): _____

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone number of parent(s) or legal guardian(s): (____) _____

9. High School Attended/Attending: _____

Number of Years Attended: _____

High School Graduation: _____

Month _____ Year _____

10. Name and city of other high schools attended: _____

Number of Years Attended: _____

11.	List the name of any college/university you have attended.	Year Began	Year Ended	Year Graduated (If applicable)	Type of Degree Received (If applicable)
A.					
B.					
C.					

12. As I continue my education, I hereby intend to major/specialize in: _____

Additional Comments:
