



## LYNNE S. BURT SCHOLARSHIP APPLICATION

Please **type** or **print** your answers. If your application is illegible, you will not be eligible.

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 2019/Fall of 2019), I will be attending the following school: _____  *Proof of acceptance or current student enrollment from the above school is <b>required prior to receipt of funds</b> .	
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 <b>official</b> 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:

\_\_\_\_\_

\_\_\_\_\_