

THE LIONS CLUB OF DAMASCUS

P. O. Box 267
Damascus, Maryland 20872

DAMASCUS LIONS FOUNDATION APPLICATION FOR SCHOLARSHIP GRANT

STUDENT INFORMATION

Name _____

Date and Place of Birth _____

Home Address _____

Home Telephone No. _____

Name of Parent/Guardian _____

Home Address _____

Home Telephone No. _____ Work _____

SCHOOL INFORMATION

Name of High School _____ Telephone No. _____

Address _____

College or Trade School preferences (please list in order) Please indicate those where you have been
accepted with an (*).

Career objective/proposed course of study _____

SCHOOL ACTIVITIES

<u>Year</u>	<u>Activity</u>	<u>Position/Committee Served</u>
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WORK EXPERIENCE

<u>From</u>	<u>To</u>	<u>Employer</u>	<u>Position</u>
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COMMUNITY ACTIVITIES

<u>Year</u>	<u>Activity</u>	<u>Position</u>
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REFERENCES (not relatives)

Name

Address

Telephone Number

COMMENTS

Please write here any addition information or special facts that you would like the Scholarship Committee to consider with your application.

Applicant's Signature