

LANE SMITH RECREATIONAL SCHOLARSHIP APPLICATION 2015-2016 SEASON



Name of Applicant:

Date of Birth

S.S.N.

Address:

City

State

Zip

E-mail address:

Phone:

Current Grade:

Current High School: (include City)

Guidance Counselor

Phone:

Extracurricular Activities:

Community Service Involvement:

G.P.A.

Where Do You Plan to Attend College?

Planned Major:

MSA By-laws require applicants to identify any relation to a current MSA Council Member, Staff, or Program Directors. A student related to either can only receive a scholarship if exclusively based on academic merit. Are you related to any member of the MSA Council, Staff or Program Directors?

If yes, please identify the MSA Council Member, Staff or Program Director and the relationship:

Applicants must provide 1 letter of recommendation with this application.

I certify that the statements herein are true to the best of my knowledge and grant my permission for the information contained herein to be shared with the scholarship selection committee and scholarship donor.

Student Signature:

Date: