## LFW Foundation In honor of Leona Ford Washington Scholarship Application 2018

DEADLINE: April 20, 2018

**Purpose:** To Provide scholarships to high schools graduating seniors interested in or intending to pursue post-high school course of study at either a college/university majoring in Education.

NOTE: Applicants will not be discriminated against based on gender, race, color, ancestry, religious creed, national origin, disability (mental or physical), medical condition or age. Funds will be disbursed to the Financial Aid Office of the post-secondary school, once the recipient provides proof of enrollment and registration of classes in the Fall.



## www.LFWFoundation.org

Please mail completed application to: LFW Foundation P.O. Box 984 Lake Elsinore, CA 92531

## The LFW Foundation Scholarship Application 2018

Please <b>print</b> your answers.				
1.	First Name:	Last Name:		
2.	Mailing Address:: Street:			
	City:	State:	ZIP:	
3.	Daytime Telephone Number: ( )			
4.	Date of Birth: Month Day	Year		
5.	Current High School:			
6.	Overall SAT: ACT Composite:			
7.	To be completed by High School Counselor:  Class Rank out of Overall Academic GPA			
	Counselor Signature			
8.	Total number of Community Service hours achieved in high school:			
9.	Name & address of parent(s) or legal guardian(s):  Name (s)			
	Street: City:	State:	ZIP:	
	Home phone of parents or legal guardians:			
10.	What specialty/career do you plan to major in as you continue your education?			

11.	List your academic honors, awards while in high school:
1	1
	2.
	3
4	4
	5
6	5
	7
12.	List your community service activities, hobbies, outside interests, and extracurricular activities:
1	1
2	2
3	3
4	4
	5
	5
7	7
family c	ist and explain any unusual expenses or hardship that might limit the amount of financial help that your could contribute to your educational expenses. (This could include family medical expenses, byment, other family members college expenses, health considerations, etc.)  Use attached sheet of paper if necessary.

I hereby declare that I have completed all statements and information is correct to the best of my knowledge.	l information as required on the application; and the
Signature:	Date
Please complete this application and mail it to th	e LFW Foundation at:
LFW Foundation P.O. Box 984 Lake Elsinore, CA 92531	
Deadline: April 20, 2018	