



LBSEA  
Long Beach School Employee Association  
Group C Scholarship/Award

**APPLICATION FORM**

Date \_\_\_\_\_

Please fill out this form and return it by April 11, 2014 with the essay to:

Bill Snow  
Lindell School  
Attn: Scholarship/Award Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_ High School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Department \_\_\_\_\_

Please have your guidance counselor fill out and sign this section:

This is to verify that \_\_\_\_\_ has fulfilled the requirements  
Student's Name

to graduate high school and will be graduating in 2014.

\_\_\_\_\_  
Guidance Counselor Signature

\_\_\_\_\_  
Date