LFW Foundation In honor of Leona Ford Washington Scholarship Application 2020

DEADLINE: May 1, 2020

Purpose: To Provide scholarships to high schools graduating seniors and undergrade students interested in or intending to further post-high school course of study at either a college/university.

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 Summer/Fall.



www.LFWFoundation.org

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

The LFW Foundation Scholarship Application 2020

Please print 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 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 co	ntinue your education?		

11.	List your academic honors, awards while in high school:
	1
	2
	3
	4
	5
	6
	7
12.	List your community service activities, hobbies, outside interests, and extracurricular activities:
	1
	2
	3
	4
	5
	6
	7
family of	list 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, loyment, 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.	information as required on the application; and the
Signature:	Date
Please complete this application and mail it to the	e LFW Foundation at:
LFW Foundation P.O. Box 984 Lake Elsinore, CA 92531	