

Canton Lehman High School Alumni Association
2019 SCHOLARSHIP APPLICATION

PERSONAL INFORMATION	NAME: _____			
	First	M.I.	Last	Suffix
	HOME ADDRESS: _____		APT. #: _____	
	CITY/STATE/ZIP: _____			
	HOME TELEPHONE: _____		CELL PHONE: _____	
	EMAIL ADDRESS: _____			

LEHMAN ALUMNUS INFORMATION	LEHMAN HIGH SCHOOL ALUMNUS (Qualifying Relative)			
	<small>To be classified as a "Qualifying Relative", the sponsor must be a member of the Association and have maintained their membership for two (2) consecutive years (2018 & 2019)</small>			
	LHS ALUMNUS SPONSOR (1): _____			
	First	M.I.	Last	
	MAIDEN NAME (if applicable): _____		YEARS ATTENDED LEHMAN: From _____ to _____	
	RELATIONSHIP TO APPLICANT: _____		Sponsor Eligible (To be completed by committee:) Yes <input type="checkbox"/>	
		No <input type="checkbox"/>		

LEHMAN ALUMNUS INFORMATION	LHS ALUMNUS SPONSOR (2): _____			
	<small>If available, but not required</small>			
	First	M.I.	Last	
	MAIDEN NAME (if applicable): _____		YEARS ATTENDED LEHMAN: From _____ to _____	
	RELATIONSHIP TO APPLICANT: _____		Sponsor Eligible (To be completed by committee:) Yes <input type="checkbox"/>	
			No <input type="checkbox"/>	

HIGH SCHOOL INFORMATION	HIGH SCHOOL INFORMATION			
	NAME OF HIGH SCHOOL: _____		CITY/STATE: _____	
	Current Status: _____ or _____		Accumulative GPA: _____ on a 4.0 scale	
	Senior	Graduated/GED	Year	<small>See Guidelines #8 regarding transcript submissions and minimum GPA</small>
	Extra Curricular High School Activities (attach additional sheet if needed)			
High School Awards and/or Honors You Have Received (attach additional sheet if needed)				

NAME OF APPLICANT: _____

POST HIGH SCHOOL INFORMATION	POST HIGH SCHOOL INFORMATION			
	NAME OF UNIVERSITY, COLLEGE OR TRADE SCHOOL: _____		CITY/STATE: _____	
	Just Accepted *: _____	Currently Enrolled: _____	Current Grade Level: _____	Current GPA: _____
	* If just accepted, enclose a copy of acceptance letter with this application.			See Guidelines #8 regarding transcript submissions and minimum GPA
	Post High School Extra Curricular Activities (attach additional sheet if needed)			
	Post High School Awards and/or Honors You Have Received (attach additional sheet if needed)			

MISCELLANEOUS	Have you previously received a scholarship from the Canton Lehman High School Alumni Association?			Yes _____	Year _____	No _____
	State Your Goals (attach additional sheet if needed)					

FAMILY INFORMATION	APPLICANT'S FAMILY INFORMATION					
	Number of people living in your home: _____ (Include yourself plus all relatives & friends residing within your home)					
	<u>Household Income (List annual income for each family member living within your household)</u>					<u>Comments</u>
	Father:	Currently Employed	_____	Annual Income	_____	_____
	Mother:	Currently Employed	_____	Annual Income	_____	_____
	Yourself:	Currently Employed	_____	Annual Income	_____	_____
Other Income:	Currently Employed	_____	Annual Income	_____	_____	
Total Annual Household Income					_____	

NAME OF APPLICANT: _____

State Why You Deserve and/or Need This Scholarship (attach additional sheet if needed)

Applicant's Signature: _____

Date: _____

1. *Print and complete the application, make a copy for yourself, then mail to the address below. (Be certain to sign and date after completing.)*
2. *Enclose your application along with your most current transcript (photocopy or digital print out is acceptable), completed character reference form and other attachments..*
3. *Applications received without accompanying paperwork will be considered incomplete and will not be considered until **ALL** required documentation has been received. All applications and other information must be postmarked no later than **May 1, 2019**. Applications postmarked after that date will not be considered.*

CANTON LEHMAN HIGH SCHOOL ALUMNI ASSOCIATION
P.O. Box 351, Louisville, OH 44641

CANTON LEHMAN HIGH SCHOOL ALUMNI ASSOCIATION

Character Reference Form-2019

Print then request your referrer to complete in pen.

Student Name: _____

Reference Name: _____ Reference Title: _____

Reference Signature: _____ Date: _____

Please check one item in each section below that best describes the characteristics of the scholarship applicant.

MATURITY OF GOALS

- Little interest in education
- Aims to "get by"
- Desires a good education and has fair motivation
- Above average motivation to obtain an education
- Eager to obtain an education
- No opportunity to observe

INDUSTRY

- Needs much prodding
- Needs occasional prodding
- Prepares assigned work
- Completes additional suggested work
- Seeks additional work
- No opportunity to observe

SOCIAL ACCEPTABILITY

- Avoided by others
- Tolerated
- Liked by others
- Well liked by others
- Sought by others
- No opportunity to observe

CONCERN FOR OTHERS

- Anti-social
- Self-centered
- Shows some interest in helping others
- Often active in helping others
- Deeply concerned about other's needs
- No opportunity to observe

INITIATIVE

- Needs constant supervision
- Succeeds if told what to do
- Average
- Self-reliant
- Shows leadership
- No opportunity to observe

RESPONSIBILITY

- Unreliable
- Somewhat dependable
- Usually dependable
- Conscientious
- Assumes much responsibility
- No opportunity to observe

EMOTIONAL STABILITY

- Nervous, poor self-control
- Rather poor control of feelings
- Usually well balanced
- Good self-control
- Excellent control under stress
- No opportunity to observe

