

LINDSEY RAINES SCHOLARSHIP APPLICATION

Please type or print legibly

Applicant's Name _____

Home Address _____

Phone Number _____

Email Address _____

College Attending _____

Major Area of Study _____

High School GPA _____ Class Rank _____

Please provide the results of your ACT and/or SAT exams.

ACT _____

English

Math

Reading

Science Reasoning

Composite

SAT _____

Verbal

Math

Total

Did you apply for the FAFSA? _____ Are you eligible for the Promise Scholarship? _____

List all AP or college courses taken while in High School _____

Extra-Curricular Activities _____

Awards and Honors Received _____

What are your long-term career plans? _____

The information I have submitted for this application is correct and complete to the best of my knowledge. So that I may be considered for this application, I give permission for my information to be released to the scholarship committee.

Signature _____

Date _____

Scholarship deadline: May 1, 2016