

SCHOLARSHIP APPLICATION COVER
Keeman W. Lobsiger Leadership Award

I certify that all information given in every part of this application is true. I understand that falsification of information may result in termination of any scholarship granted.

I grant permission for Garrett High School Guidance Office to release a copy of my transcript to the individual or group responsible for awarding or administering this scholarship.

Student Signature

Date

Parent/Guardian Signature

Date

Keeman W. Lobsiger Information Sheet

Please answer the following questions:

1. What does leadership mean to you?

2. What qualities do you believe a good leader must possess?

Applicants Signature _____ **Date:** _____

GARRETT SCHOLARSHIP

NAME _____ DATE OF BIRTH _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ DIPLOMA TYPE _____

FATHER'S NAME _____

Occupation/Employer _____

MOTHER'S NAME _____

Occupation/Employer _____

Check if applicable: Father deceased Mother deceased Parents divorced

Ages of other children in your family _____ Number of family members in college _____

School you are planning to attend _____

City / State of School _____ Full-time student Part-time student

Intended Major _____ Accepted Applied-awaiting decision

Career Goal _____

Living arrangements: On-campus Off-campus (independently) Off-campus (with family)

School or Community Activities in which you have participated or positions held in High School

Please include any workshops attended (may attach separate page):

<u>Activity</u>	<u># of Years</u>	<u>Leadership Positions, Awards, Recognition</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Work Experience:

Why applicant desires scholarship and how it will be used:

I understand that if awarded this scholarship, it may be sent directly to the college, university or technical college I am attending upon showing proof of enrollment.

Signature of Applicant