

# The Lindsey Price Memorial Scholarship

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## APPLICANT INFORMATION:

Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ Gender M \_\_\_ F \_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number ( ) \_\_\_\_\_ Cell Phone Number ( ) \_\_\_\_\_

## FAMILY INFORMATION:

Father, Step-father, or Legal Guardian

Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Mother, Step-mother, or Legal Guardian

Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

How many children are in the family? \_\_\_\_\_ How many attending college? \_\_\_\_\_

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## ADDITIONAL INFORMATION:

List/Describe any other financial assistance for which you have applied:

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List any partial or full scholarships you have already confirmed or received:

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List colleges or universities to which you have applied:

<hr/>	<input type="checkbox"/> Accepted <input type="checkbox"/> Pending
<hr/>	<input type="checkbox"/> Accepted <input type="checkbox"/> Pending
<hr/>	<input type="checkbox"/> Accepted <input type="checkbox"/> Pending

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*All of the information in this application is true and correct to the best of my knowledge. I understand that the guarantors reserve the right to verify all information contained herein.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

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### INFORMATION TO BE COMPLETED BY GUIDANCE OFFICE STAFF

Student GPA (after first semester senior year): \_\_\_\_\_

Student Rank: \_\_\_\_\_ out of \_\_\_\_\_ in graduating class