



LINCOLN LYNX ALUMNI ASSOCIATION

WWW.LINCOLNHIGHLYNX.ORG

P.O. BOX 31056
SEATTLE, WASHINGTON 98103 -1056

2017 SCHOLARSHIP APPLICATION

Please answer all questions completely. You may supply additional information for clarification, but it will not be considered as a substitute for an incomplete application.

Name: _____

Mailing address: _____

City _____ State _____ Zip _____

Phone Number: () _____ Email: _____

Name of Qualifying Lincoln Attendee: _____
(including maiden name, if applicable)

Class Year of Qualifying Attendee: _____ Birthdate of Qualifying Attendee: _____

Relationship of Lincoln Attendee to scholarship applicant: _____
(for example: father, mother, grandfather, grandmother)

Other Relatives who were Lincoln attendees (optional): _____

Applicant's high school name and location: _____

Grade Point Average of each year of high school _____
(attach Official Transcript) Fr Soph Jr Sr

Cumulative high school GPA: _____

SAT or ACT Scores: _____
(Attach Official Score results)

School you plan to attend _____
(Attach copy Official Acceptance Letter)

School's mailing address: _____

Cost of one year's tuition: _____

Have you received other scholarships? _____ Amount(s): _____

Did you complete the FAFSA? _____ Can your family aid you? _____

How will you help toward the cost of your education? _____

(If necessary, fill in details on the reverse side of this paper)

Please write a brief description of your family background. Explain your reason for selecting the school you plan to attend. Describe your plans and goals. *(Attach additional page if desired.)*

Extracurricular activities:

School: _____

Community: _____

Hobbies: _____

Part-time Employment: _____

Required documents:

1. **Official** signed and sealed copy of your **high school transcript(s)** which must include all high school years. If in question regarding “official” please check with your high school counselor or registrar.
2. Computer copy of your Official **SAT or ACT** scores.
3. Two **letters of recommendation**: One from a high school teacher or counselor, including a character reference; one from a non-family/non-school adult, who must not be involved in any leadership role in a school activity.
4. **Letter of acceptance** from the school you will be attending.
5. Include a **wallet size school photo** for the alumni newspaper.

The information contained in this application is accurate and complete.

Applicant’s signature: _____ Date: _____

This scholarship application and all required documents must be submitted in one package, sent by US Mail, and postmarked no later May 1, 2017.

Mail completed application to: **Scholarship Chair**
Lincoln Lynx Alumni Association
PO Box 31056
Seattle, WA 98103-1056

[Email: scholarships@lincolnhighlynx.org](mailto:scholarships@lincolnhighlynx.org) (For questions only)

