



LINCOLN LYNX ALUMNI ASSOCIATION

WWW.LINCOLNHIGHLYNX.ORG

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

2019 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 Graduate: _____
(including maiden name, if applicable)

Class Year of Qualifying Graduate: _____ Birthdate of Qualifying Graduate : _____

Relationship of Lincoln Graduate 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 of Official Acceptance Letter)

School's mailing address: _____

Extracurricular activities:

School: _____

Community: _____

Hobbies: _____

Part-time Employment: _____

Required documents in addition to the completed 3-page application:

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. **Official copy** of your **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 and website.

*The information contained in this application packet is accurate and complete as specified.
I understand that I will otherwise be disqualified from consideration.*

Applicant’s signature: _____ Date: _____

**This scholarship application and all required documents must be submitted
in one envelope, sent by US Mail, and postmarked no later May 2, 2019.**

Mail your finalized packet 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)

