



LINCOLN LYNX ALUMNI ASSOCIATION

www.lincolnhighlynx.org

P.O. Box 31056

Seattle, Washington 98103-1056

2025 SCHOLARSHIP APPLICATION

Please answer all questions completely. This Application consists of four (4) pages and is to be completed by student and in **BLACK OR BLUE INK ONLY – NO PENCIL.**

In considering your scholarship award options, please select all that apply under filing status.

Filing status: ___ Lincoln High School graduating senior (**skip #'s 1-4**)
___ Lineal descendant of Lincoln High School graduate

Applicant's Name: _____

Mailing Address: _____ City _____ State _____ Zip _____

Phone Number: (____) _____ Email: _____

Items 1 - 4 are for only those who checked "Lineal descendant of Lincoln High School graduate."

- 1) Name of qualifying ancestor & Lincoln High graduate _____
(including maiden name, if applicable)
- 2) Class year of #1 _____ Birth year of #1 _____
- 3) Applicant's relationship to qualifying ancestor & LHS graduate: _____
(for example: son/daughter; grandchild; great-grandchild)
- 4) Other relatives who were Lincoln attendees or graduates (optional) _____

Applicant's high school name and address: _____

Grade Point Average for each year of high school: _____ Fr _____ Soph _____ Jr _____ Sr

Cumulative high school GPA: _____

School you plan to attend: _____
(Attach copy of official acceptance letter)

School's FINANCIAL AID OFFICE mailing address: _____

Extracurricular Activities:

Recent Community Service (please describe): _____

School Activities (sports, clubs, honor society, etc.): _____

Non-School Activities (i.e., hobbies, civic groups): _____

Part-time employment _____

CHECKLIST of required documents to be included in ONE ENVELOPE mailed as noted below (*):

- ___ **1. This 4-page completed, signed (in ink) 2025 Scholarship Application**
- ___ **2. Official signed and sealed copy of your high school transcript(s)** which must include all high school years **and the first semester of your senior year**. If in question regarding “official” please check with your high school counselor or registrar.
- ___ **3. Official (computer) copy of SAT/ACT scores.**
- ___ **4. Two letters of recommendation:** one from a high school teacher or counselor, including a character reference; AND one from a non-family/non-school adult who must not be involved in any leadership role in a school activity. **NOTE:** Both letters should include the nature and length of the relationship. In addition, **letters must be dated, signed, and include contact information, email and/or phone number.**
- ___ **5. Letter of acceptance** from the school you will be attending.
- ___ **6.** We ask that a **wallet size school photo** be provided. (A photo of all scholarship award winners will be published in the LLAA newspaper and on our website.)

The information contained in this application packet is accurate and complete as required. If not, I understand that I will otherwise be disqualified for consideration.

Applicant’s signature: _____ Date: _____

(*) This scholarship application and all required documents listed above must be submitted in ONE ENVELOPE and sent by U.S. Mail and postmarked no later than May 1, 2025 to:

Email any questions to:
scholarships@lincolnhighlynx.org

**Scholarship Chair
Lincoln Lynx Alumni Association
PO Box 31056
Seattle, WA 98103-1056**