



# LINCOLN LYNX ALUMNI ASSOCIATION

[WWW.LINCOLNHIGHLYNX.ORG](http://WWW.LINCOLNHIGHLYNX.ORG)

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

## 2042 SCHOLARSHIP APPLICATION

Please answer all questions completely. Application to be completed by student and in black or blue ink only. 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: \_\_\_\_\_

Cost of one year's tuition: \_\_\_\_\_

Have you received other scholarships? \_\_\_\_\_ Amount(s): \_\_\_\_\_

How will *you* help toward the cost of your education? \_\_\_\_\_

\_\_\_\_\_

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

In your own handwriting: (1) Please write a brief narrative about your family. (2) Explain your reason for selecting the school you plan to attend. (3) Describe your plans and goals.  
*(Attach **additional** page if desired.)*

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**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 1, 2020**

**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)