The Board of Directors for the Lloyd R. Wallace Charitable Foundation would like to announce the 2019 Secondary Education Scholarship Program. All college applicants must fill out the enclosed application in its entirety in order to be considered.

Please return the completed applications to PO Box 37, Braymer, Mo 64624 by Friday April 5th, 2019. All applicants will be reviewed and voted on by the Board of Directors. Scholarship recipients will be notified by their School Counselor.

Thank you.

Brian Prewitt
James Jarrett
Mike Brown
Tim Murray
David Moore
Lloyd R Wallace Charitable Foundation Scholarship

NAME ____________________________________________  TELEPHONE _________________________

First  Middle  Last

ADDRESS _____________________________

Street  City  State  Zip

HIGH SCHOOL __________________________  DATE OF BIRTH _____________________________

FATHER’S NAME ______________________  OCCUPATION _____________________________

MOTHER’S NAME ______________________  OCCUPATION _____________________________

LIST SIBLINGS, AGES, & WHETHER THEY ARE IN COLLEGE _________________________________

In the space below, briefly summarize your school, church, and community activities. List organizations in which you are active and any offices held.

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

Please list any special honors received, including those from academics, extra-curricular activities, and athletics.

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

SCHOOL YOU PLAN TO ATTEND _________________________________________________________________

Address  City  State  Zip
CAREER PLANS

____________________________________________________________________________________

____________________________________________________________________________________

DATE YOU PLAN TO ENTER COLLEGE

____________________________________________________________________________________

SCHOLARSHIPS OR GRANTS RECEIVED

____________________________________________________________________________________

AMOUNT OF STUDENT LOANS

____________________________________________________________________________________

HOW WILL YOU BE FINANCING SCHOOL (ALSO ANY OTHER PERTINANT FINANCIAL INFORMATION)

____________________________________________________________________________________

____________________________________________________________________________________

TYPE OF HOUSING: _____ COMMUTE _____ LIVE WITH RELATIVES/FRIENDS _____ DORMITORY

_____ FRATERNITY/SORORITY _____ LIVE OFF CAMPUS

WHAT UPPER LEVEL CLASSES HAVE YOU TAKEN IN HIGH SCHOOL

____________________________________________________________________________________

Indicate what you have done in planning ahead to help meet your anticipated college expenses. How have you earned or saved money, and what will be your plans for the coming summer?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

The applicant, by signature below, certifies the information herein contained to be both true and accurate to the best of his/her knowledge. The applicant also herewith consents that the Scholarship Committee of the Lloyd R. Wallace Charitable Foundation may be fully informed as to the applicant’s scholastic standing, character, and other factors having a bearing on this application.

______________________________________________
SOCIAL SECURITY NO.

______________________________________________
APPLICANT’S SIGNATURE
ACADEMIC INFORMATION
(To be supplied by Counselor/Principal)

Class Rank _______ / _________ Seniors  GPA __________ on a 4.0 Scale

ACT Test Results

Raw Score:  ENG____ MATH _____ READING _____ SCIENCE _____ COMP ______

ANY ADDITIONAL COMMENTS
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Date Completed ____________________ Signature of Counselor/Principal __________________

CONTACT PHONE NUMBER / EMAIL