SCHOLARSHIP APPLICATION

PERSONAL INFORMATION

Name__________________________ Date of Birth__________________________

Street________________________ City_______________________________

State______ Zip Code____________ Phone______________________________

High School Presently Attending or Attended_____________________________________

High School Cumulative Grade Point Average______________________________

Number in Graduating Class_________ Class Ranking________________________

List High School and/or Civic Activities________________________________________

__________________________________________

References, With At Least One Other Than School-Associated:

1.________________________________ Phone____________________________

2.________________________________ Phone____________________________

3.________________________________ Phone______________________________

POST HIGH SCHOOL COLLEGE or EDUCATIONAL INSTITUTION

Name_______________________________

Location_____________________________________

A. Accepted to Attend ( )Yes ( )No
B. Already Attending ( )Yes

Educational Institution Terms:

( )Semester ( )Trimester ( )Quarter

College Activities_______________________________________________________

College Cumulative Grade Point Average______________________________

*Please note that only students whose parent or parents are currently employed by a police or fire
department in Lake County are eligible for this financial aid.
FAMILY INFORMATION:

Father_________________________________Mother_________________________________

Brothers (Age of Each)__________________________________________________________

Sisters (Age of Each)____________________________________________________________

Name(s) of Parent(s) Currently Employed by

A. Lake County Police Department

1. _______________________________ Department__________________________

2. _______________________________ Department__________________________

B. Lake County Fire Department

1. _______________________________ Department__________________________

2. _______________________________ Department__________________________

ESSAY

On a separate sheet of paper, clearly write or type in your own words a short summary of your goals, ambitions, and conclusions why you believe you merit the committee’s consideration for this scholarship.

Return this application and your essay to:

Lake County Blue Coats, Inc
Scholarship Committee
Doreen Davis
3673 Wood Road
Madison, OH 44057