

LUCINDA P. WALLACE MEMORIAL SCHOLARSHIP FUND

SPRING / WINTER APPLICATION FORM

Dear Applicant:

*Congratulations on your decision to continue with your education beyond High School. This application **MUST** include a most recent **OFFICAL TRANSCRIPT**, i.e., **proper signature and seal**, from your High School and a **Personal Essay**.*

APPLICATION MUST BE RECEIVED BY:

DATE: _____

**RETURN COMPLETED APPLICATION TO EITHER:
HARRIETTA WALLACE OR SHARON JOHNSON**

Scholarship Description:

The Lucinda P. Wallace Memorial Scholarship Fund of the Chester County Community Foundation, established in 2002, provides graduating seniors who are actively involved at the Mt. Winans United Methodist Church in Baltimore, Maryland financial assistance to continue their education in any post-secondary education, including college.

Scholarships will cover tuition and other educational expenses that the advisory board may deem necessary. Recipients may reapply.

Eligibility Requirements:

Applicants must:

- Belong to and actively participate in the Mt. Winans United Methodist Church in Baltimore, Maryland.
- Be actively involved in the community and do community service.
- Demonstrate financial need.
- Have a GPA of at least 2.0 in high school.

Type or Print. All requested information **MUST** be provided below or your application will **NOT** be reviewed.

Student's Name:

(LAST NAME) (FIRST NAME) (MIDDLE NAME)

Address:

(STREET) (CITY, STATE) (ZIP)

Home Phone:

(AREA CODE) (PHONE NUMBER)

Father's Name: _____ Occupation: _____

Address (if different from applicant): _____

Mother's Name: _____ Occupation: _____

Address (if different from applicant): _____

Guardian's Name (if applicable): _____

Telephone: _____ Occupation: _____

Parent/Guardian's combined yearly income (check amount):

Under \$20,000 _____ \$20,000/\$29,999 _____ \$50,000 and over _____

\$30,000/\$39,999 _____ \$40,000/\$49,999 _____

How many brother and sisters are living in the home?

(Name)	(Age)	(Name)	(Age)
1. _____		4. _____	
2. _____		5. _____	
3. _____		6. _____	

Are there other household family members attending college? (yes) (no)

If yes, please list:

1. _____
2. _____
3. _____
4. _____

To what schools have you applied?	Accepted? (Yes/No)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

What other scholarships/awards have you received?

	Name (s)	Amount (s)
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

*** Please feel free to make any additional comments which you believe might be helpful in evaluating your Scholarship Application (Attach separate sheet).

PARENTAL/GUARDIAN CONSENT:

I have reviewed the forgoing information and give permission to the LUCINDA P. WALLACE MEMORIAL SCHOLARSHIP FUND to review this application and herein attached supporting documents.

(NO APPLICATION WILL BE REVIEWED WITHOUT PROPER SIGNATURES)

(Student's Signature, Date)

(Parent/Guardian Signature, Date)

PERSONAL ESSAY (Please use separate sheet)

Please describe your life's ambition, your educational goals, and why you should be selected for this scholarship.

(Must be typewritten--at least one page, but not more than three pages.)