

Financial Need

Estimated Monthly Living Expenses: _____

Estimated Monthly Income: _____

Number of Children or Other Dependents: _____

Monthly Support from Parents or Other Family Members: _____

Please explain in the space provided below any additional information that Lone Star Academy should consider relevant to your financial need for a scholarship:

Recommendations

Applicants are encouraged to submit recommendations from teachers, academic advisors, employers, and others in a position to comment on the applicant’s character, ability, seriousness of purpose, or other relevant qualifications. All recommendations should be submitted with this application.

Please provide information in the spaces below for each person who will be submitting a recommendation on behalf of the applicant with this application.

Recommender/Sponsor

(First) (Middle) (Last) Phone _____ Email _____

Relationship to Applicant: _____

Personal Statement:

Please explain below how the scholarship award will benefit you and your career goals:

Applicant Certification:

I understand that upon review of this application, I may be contacted for a personal interview and that if I am awarded a scholarship, I must submit all required transcripts and reports and maintain the academic qualifications established by LSA. I certify that all information contained in this application is accurate and complete.

Print Name

Applicant’s Signature

Lone Star Academy Representative _____ **Date** ____/____/____