

LUCILLE SCHMALZ COMMUNITY SERVICE SCHOLARSHIP

AWARD AMOUNT: \$1000

APPLICATION DEADLINE: APRIL 15, 2024
Mail to: Ministries Unlimited at above address
Scholarship is limited to any graduating senior within the Triad School District for further education to college or trade school.

A. PERSONAL INFORMATION - PRINT NEATLY OR TYPE:

Name					
Address				State	
E-Mail Address		Ph	one		
Birthdate	Age		Gender: _	Female	Male
Name of Parent(s) _					
Adjusted Gross Inco	me For Parents in	2023 (IRS 1	040 line 11):	
Supplement Temporary Supplement Special Sup	duced School Lunch tal Security Income (Assistance for Need tal Nutrition Assistance)	(SSI) ly Families (T nce Program (Program for \	ANF) SNAP)		n (WIC)
High School				Stato	
		Oity			
Graduation Year					
I have applied for ad	mission to				school
College Major (Indica	ate General Studie	es if undecide	ed)		

C. ACTIVITIES

Civic/Volunteer Activities	

- **D. ESSAY** (Must be TYPED double spaced)
 - a. A short bio about you (maximum of 200 words)
 - **b.** Describe your educational plans, career aspirations and future goals. (no more than one page)
 - **c.** Why does continuing one's education bring a benefit to your community and society in the future? (no more than one page)
- **E. LETTER OF RECOMMENDATIONS** from (1) faculty member from Triad High School and (1) from a community service performed.

APPLICANT SIGNATURE (required)	Date
With my signature, I certify that all infor	mation provided is, to the best of my knowledge,
true and complete and I have not willing	gly or knowingly withheld information.

Note:

- 1. This is a confidential form. Information provided on this application is used to determine your eligibility for a scholarship award.
- Resumes are not part of this scholarship application please do NOT enclose a resume.

Ministries Unlimited "Lucille Schmalz Community Services Scholarship" check will be made out to the institution that the student will be attending at the time of fee payment.