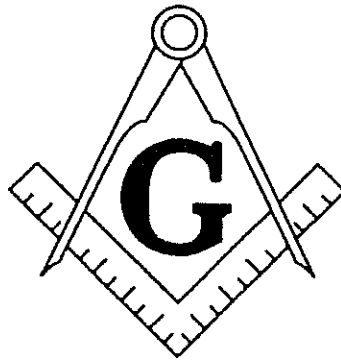




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# LLOYD WARD MEMORIAL SCHOLARSHIP



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Friendship Lodge #89 F & A M.



For Consideration

1. Must be received by chairman by set date \_\_\_\_\_
2. Applicant must be a high school senior planning to pursue a bachelor's or associate's degree
3. Needed for application

Lloyd Ward  Memorial Scholarship

- Signature of a parent or legal guardian
- A high school transcript
- A letter of recommendation from a non-relative

Student Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_

High School: \_\_\_\_\_

School Address: \_\_\_\_\_

Gender: M \_\_\_\_\_ F \_\_\_\_\_

List any clubs or activities you are involved in:

Parent Information

Father's Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Number of Dependent Children in Family: \_\_\_\_\_

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Information Related to Post High School Education

What college or educational institution do you plan to attend?

Have you been accepted by this institution?

Do you plan to obtain an associate or bachelor degree?

What is your area of interest?

What is the anticipated annual cost for your educational program per year?

What do you feel that you have a need for this scholarship?

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High School Principal or Counselor completes this part  
(attach transcript of applicant's grades signed by school official)

Number in Senior Class Members: girls: \_\_\_\_\_ boys: \_\_\_\_\_

Applicant's Class Rank: junior year: \_\_\_\_\_ senior year: \_\_\_\_\_

SAT Score: \_\_\_\_\_ ACT Score: \_\_\_\_\_

List any academic honors this student has received:

Evaluation of the applicant (leadership, perseverance, prediction of success at the university level):

Signed: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

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Please attach with this application a recommendation statement from a person that is not members of the applicant's family.

Name of References

Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Statement of Applicant and Parent or Guardian

We have examined this application and the records are true and accurate.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_