

SIGNAL MOUNTAIN LIONS CHARITY

STUDENT SCHOLARSHIP APPLICATION

Student's Full Name: _		
(student must reside in	the 37377 zip cod	e to be eligible for this scholarship)
Address:		
Town:		Zip Code:
		Social Security Number: xxx-xx-
How long have you be	en a resident of 37	377 Zip Code?
High School Attended:		
		GPA:
		or ACT Composite:
community or four-year	r college or univer	Location:
considered without a c financial matters that y STUDENT AND PAR	opy of the FAFSA, ou would like for the ENT AFFIRMATION OF THE PROPERTY OF T	
We affirm that the informa understand that misrepresed	tion provided on this ntations may constitute	he following statement and sign as indicated: application is accurate to the best of our knowledge. We e fraud, which may result in the loss of eligibility for this ences. (Applications must have both signatures).
Student Signature:		Date:
Parent or Guardian Sig	nature:	Date:
The selection process ma	ay include an interv	is application and asked to supply additional information. iew with the Signal Mountain Lions Club Scholarship mail of the committee's decision. DEADLINE April 15th

Mail to: Signal Mountain Lions Club

Scholarship Committee-Application-Cynthia McCall

P.O. Box 134

Signal Mountain, TN 37377