



MADGE LEWIS SCHOLARSHIP FOUNDATION (MLSF) APPLICATION FORM

APPLICANT:

NAME (first and last): _____
Marital Status: _____ Age: _____ Grad Year: _____ Current GPA: _____
Current School Name: _____

INCOME:

Employment (applicant): _____
Annual Income (applicant): unemployed \$10K-\$35K \$36K-45K \$46K-55K over \$55K
Annual Income (spouse): unemployed \$10K-\$35K \$36K-45K \$46K-55K over \$55K
Annual Income (parent): unemployed \$10K-\$35K \$36K-45K \$46K-55K over \$55K

OTHER FUNDS:

Grants/Scholarships (list source & Amt.): _____

Number of Siblings (at home) and Ages: _____

INSTITUTION:

The applicant named herein applied to MLSF for financial support for educational assistance to attend the following educational institution:
Name: _____
Address (school): _____ City _____ State _____ Zip _____
Phone: _____ Contact Name: _____ Semester: _____
Check one: Certificate Associate Bachelor
Major: _____ Minor: _____
Year in School: Freshman Sophomore Junior Senior Graduate

AWARDS/LEADERSHIP POSITIONS/COMMUNITY INVOLVEMENT:

Please provide information on all voluntary school activities and/or community involvement, including all special awards or honors received and list any elected or appointed leadership positions held.

APPLICANT'S ATTACHMENTS CHECKLIST (Required documents):

- Completed Application Two letters of recommendation Official Transcript
- Letter of admission or proof of current enrollment for college or institution
- W2 Form for parents if Applicant is still under parental control or personal W2 Form for emancipated applicants
- Interview Essay (write topic of questions): _____

Awards are granted without regard to race, color, creed, religion, age, gender, sexual orientation, disability, or origin. All applicants agree to accept the decision of the Board of Directors as final. All Scholarship Awards will be made directly to the educational institution.

PARENT/GUARDIAN:

Father's Name: _____ Occupation: _____ Employer: _____

Address : _____ City _____ State ____ Zip _____

Mother's Name: _____ Occupation: _____ Employer: _____

Address : _____ City _____ State ____ Zip _____

GENERAL INFORMATION:

Applicant's Address : _____ City _____ State ____ Zip _____

Phone: _____ Email: _____

Social Security: _____ Have you been convicted of any misdemeanors or felonies? YES NO

CERTIFICATION:

I, the undersigned certify that all of the aforementioned information is correct and true to the best of my records. I understand that if I am selected I may be required to submit further proof. I agree that if I am selected for this scholarship my name and photograph may be published by MLSF in paper publication, Web Page, Social Media pertaining to MLSF or that of other MLSF affiliates. I also agree to provide a photograph to MLSF if a request is made to me by MLSF.

Applicant's Signature: _____

Date: _____

Mail this completed application to (not acceptable via fax/email)
with all required information to:

MADGE LEWIS SCHOLARSHIP FOUNDATION
P.O. Box 8561
Fort Lauderdale, FL 33310

NOTE: Application must reach this mailbox no later than March 31 to be considered

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