

Joe Lemm Memorial Scholarship Application

Student Name: _____ Age: _____

Parent or Guardian Name(s): _____

Address of Parent OR Guardian(s): _____

City: _____

Parent(s) or Guardian Occupation(s): _____, _____

I Plan To Attend (Technical School, College or University) _____

Accepted Yes (___) No (___) Major Area of Study _____

High School Activities and Awards: _____

Community Activities: _____

STUDENT SIGNATURE PRINTED NAME DATE

Guidance Office

I HEREBY CERTIFY THAT _____ HAS SHOWN OUTSTANDING ABILITY AS EVIDENCED BY THEIR LEADERSHIP, CITIZENSHIP, CHARACTER, AND COOPERATION IN SCHOOL AND COMMUNITY ACTIVITIES AND HAS A SATISFACTORY SCHOLARSHIP RECORD IN ALL HIGH SCHOOL SUBJECTS.

AVERAGE NUMERICAL GRADE IN ALL HIGH SCHOOL SUBJECTS _____

APPLICANT'S RANK IN CLASS _____

PRINCIPAL OR GUIDANCE COUNSELOR

DATE