

Name: _____

UMPQUA LIONS
P O Box 57
Roseburg, OR 97470



SCHOLARSHIP

Jim and Sharon Gregory Memorial Scholarship

UMPQUA LIONS
Chartered in 1954

Our main purpose is to help the needy in the area with their sight and hearing needs. Over the years we have helped many people and have also broadened our efforts to help in other areas like scholarships. Jim and Sharon were very active in the Club for many years. The Club wanted to honor their memory.

SCHOLARSHIP AWARDED TO: Any accepted College or University

AMOUNT: \$ 500

BASIS OF SELECTION:

A \$ 500 Educational Grant will be given to an applicant returning to school for retraining in any field of endeavor for the 2013-2014 school year. The grant will be awarded on the basis of merit, motivation and need. The selection will be made by the Umpqua Lions Committee. Candidates may be scheduled for interviews with the Committee. The recipient will be announced before July 15, 2014. Only completed applications, including all signatures requested, attachments such as transcripts and TWO letters of recommendation will be considered.

APPLICATION DEADLINE: May 12, 2014

RETURN TO: ABOVE ADDRESS

STEP 2 FINANCIAL INFORMATION

2

Are you currently employed? Yes _____ No _____
If YES, where? _____ Part-time _____ Full-time _____

SUMMARIZE YOUR CURRENT WORK EXPERIENCE:

HAVE YOU APPLIED FOR OTHER SCHOLARSHIPS, GRANTS OR AIDS? If so, List:

DO YOU HOLD ANY OF THESE AT THIS TIME?

If anyone else in your family (spouse, children) will be attending college in 2014-2015 indicate the following:

Name	Relationship To You	College	Amount of Tuition	Room & Board
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LIST ALL INCOME IN YOUR HOUSEHOLD:

LIST ALL DEBTS/PAYMENTS FOR WHICH YOU ARE RESPONSIBLE:

STEP 3 COMMUNITY INVOLVEMENT

3

List **COMMUNITY ACTIVITIES** in which you have participated (civic, school, church, volunteer)

GOALS

What goals do you have for the future and why are they important to you?

Explain what your educational goals are and how you will attain your goals with or without this scholarship.

PLEASE submit TWO LETTERS of RECOMMENDATION from people who are NOT related to you.

If you are submitting for the VERA SHUKLE Scholarship PLEASE submit proof of acceptance into the second year of the UCC Nursing Program with this application.

Please note that the legibility and appearance of your completed application will be taken into consideration during the selection process.

STUDENT CERTIFICATION

I certify that the information provided on this application is true and correct to the best of my knowledge.

Student Signature _____ Date _____

You will be notified of any award no later than July 15, 2014.