

Name: _____

UMPQUA LIONS
P O Box 57
Roseburg, OR 97470



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. We hope the recipient is also a person that will give back to their community.

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 no later than July 15, 2014. Only completed applications, including all signatures requested, attachments such as transcripts and TWO letters of recommendation will be considered.

APPLICATIONS DEADLINE: May 12, 2014

RETURN TO: ABOVE ADDRESS

ROSEBURG UMPQUA LIONS



SCHOLARSHIP INFORMATION - **deadline 5/12/14**

STEP 1 PERSONAL AND EDUCATIONAL INFO

NAME _____
Last First Middle

ADDRESS _____
Street City State/Zip

PHONE NUMBER _____ **DATE OF BIRTH** _____

HOW LONG HAVE YOU RESIDED IN DOUGLAS COUNTY? _____

List everyone who lives in your household :

Name	Age	Relationship	Name	Age	Relationship
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PREVIOUS EDUCATION:

Name	Date Attended	Graduated (Yes / No)
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HIGH SCHOOL _____

COLLEGE _____

COLLEGE _____

OTHER _____

Major Field of Study _____ **Expected Date of Graduation** _____

Educational Goal (please check)
 Associate Degree Baccalaureate Degree
 Certificate of Completion Other

If attending college, the number of credit hours in which you are enrolled _____

PLEASE include a sealed UNOFFICIAL transcript from your last educational institution

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

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.