Lincoln University



BOARD OF TRUSTEES SCHOLARSHIP APPLICATION

РНОТО

Ref: AO/BOTSA

(Confidential Information for Scholarship Review Only)

Name:		First		Middle
	_ Phone:		Email:(Please	@lincolnucasf.edu enter your Lincoln University email address.)
Current Mailing Adda	ess:			
Degree:	Conce	entration:		
The number of semes	ters completed a	at L.U	Currer	nt Cumulative GPA:
Fall Summer (Fall/Spring/Summer)	Spring Year	<i>.</i>	, ,	an to take for the semester:
Have you previously		_		
☐ YES (When:(Fall/S		Year)	\square NO	
			eived:	
Are you currently em	ployed? \square Y	ES 🗆 NO	O	
If YES, annual incom	e through the er	mployment: \$	S	
Employer:				
Employer:Name of co	mpany / firm			Phone
Address				
If NO , sources of inco	ome (please spec	cify):		
Briefly explain your r	reasons for need	ing a scholars	ship:	
-	submit two rec e	ommendatio	•	ctives (attach a separate sheet ther documents (if any) which
Signature/Print Name:			Date:	