

THE GARMEN LEHMAN CHARITABLE FOUNDATION, INC.

P.O. BOX 850 • ROGERS, AR 72757 • 479-271-2252

EDUCATIONAL SCHOLARSHIP APPLICATION

Applications due by March 31 prior to Fall Semester

Please print:

Name _____

Address _____

City, State, Zip _____

Phone _____

How did you hear about our scholarship program? _____

1. List your prior academic performance beginning with high school and all subsequent schools attended*:

<u>School</u>	<u>Address</u>	<u>Degree Earned/Year</u>	<u>G.P.A.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Please attach an official transcript for all schools listed above.

2. List your scores on the ACT, SAT, or other standardized tests relevant to your field of study and include with the application a copy of your test results.

ACT _____ SAT _____

Other _____ (Test _____)

3. Describe your current course of study and the degree that you anticipate earning, as well as the institution from which you will earn this degree. Include the number of credits you have earned and the number of credits you must complete before you earn this degree. Attach a copy of your official transcript from this institution.

4. Have you ever been suspended or disciplined by any academic institution for academic dishonesty?
 Yes No *If yes, please describe the circumstances and the discipline administered by the institution:*

5. Provide below the tuition and fees charged by the institution you are or will attend as well as a reasonable budget for living expenses. Please attach a copy of documentation from the institution you are attending or will attend, which sets forth the tuition and fees.

6. List all sources of financial aid you have received or anticipate receiving for your studies at your current institution.

7. Attach a balance sheet detailing your assets and liabilities, and attach a copy of your federal income tax return for the last two years (including all W-2's and 1099's reported on such returns). If you have been claimed by anyone as a dependant for federal income tax purposes during the last two years, then attach the same financial information as required by this question (7) for this person. This information will only be seen and reviewed by the members of the foundation board. Please feel free to include this in a separate sealed envelope.

8. Attach two letters of recommendation from people who know you well and are not family members, such as teachers, professors, pastors, employers, etc.

9. Describe your personal achievements and experiences that bear upon your motivation, character, and abilities, which you would like the foundation to consider in reviewing your application. Please attach a separate sheet if more room is required.

10. Please attach a separate essay written by you entitled: *What I Would Do with a Million Dollars.*

11. By signing below, you represent to the Foundation that you are not (i) a donor to the Foundation, (ii) a Foundation manager, or (iii) a family member of persons described in (i) or (ii), which includes spouses, ancestors, children, grandchildren, great grandchildren, and the spouses of children, grandchildren, and great grandchildren.

12. Please sign below and **attach a recent photograph of yourself**. Applications should be returned by **March 31** (for consideration for the following Fall semester) to:

The Carmen Lehman Charitable Foundation, Inc.
Attn: Scholarship Committee
P.O. Box 850
Rogers, AR 72757

Thank you for your application. You will be notified by mail of the Scholarship Committee's decision by April 30 (year of application).

I represent to the Foundation that my answers to the above questions and all attachments I have included with this application are, to the best of my knowledge, accurate and complete.

Sign Name: _____

Print Name: _____

Date: _____

FOR OFFICE USE ONLY

Date Received: _____

Initial and date upon review:

_____ Date: _____ Comments _____

_____ Date: _____ Comments _____

_____ Date: _____ Comments _____

_____ Date: _____ Comments _____

Approved: Amount of grant: _____ Disapproved Letter sent: date _____