

Senior Girls  
**Patricia S. Bell Memorial Scholarship**  
\$1000

Application

Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last) (First) (Middle) (Month/Day/Year)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**PARENT AND FAMILY INFORMATION**

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Mother's Occupation: \_\_\_\_\_

Father's Income: \_\_\_\_\_ Mother's Income: \_\_\_\_\_

Other (e.g. step parent or legal guardian): \_\_\_\_\_

How much do the parents named above plan to contribute to your education? \$ \_\_\_\_\_

List all family members living in your household, other than yourself. Please indicate their relationship to you (parent, brother, sister, etc.). Indicate if any other family members are attending college, and the name of the college.

Name	Age	Relationship	Attending College

**ACTIVITIES, HONORS, AWARDS & WORK EXPERIENCE**  
**(If you need additional space, please attach another sheet of paper)**

**High School Extracurricular Activities & Years Participated (9,10, 11,12):**

- (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_  
 (4) \_\_\_\_\_ (5) \_\_\_\_\_ (6) \_\_\_\_\_  
 (7) \_\_\_\_\_ (8) \_\_\_\_\_ (9) \_\_\_\_\_

**Advance Placement or College Classes:**

- (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_  
 (4) \_\_\_\_\_ (5) \_\_\_\_\_ (6) \_\_\_\_\_  
 (7) \_\_\_\_\_ (8) \_\_\_\_\_ (9) \_\_\_\_\_

Other: \_\_\_\_\_

**Community and/or Volunteer Activities (include approximate time commitment):**

- (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_  
 (4) \_\_\_\_\_ (5) \_\_\_\_\_ (6) \_\_\_\_\_

**Leadership positions and offices held:**

- (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_  
 (4) \_\_\_\_\_ (5) \_\_\_\_\_ (6) \_\_\_\_\_

**Honors or Awards Received:**

- (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_  
 (4) \_\_\_\_\_ (5) \_\_\_\_\_ (6) \_\_\_\_\_

**Describe your work experience during the past four years:**

Employer	Position	Dates	Hours Per Week

# COLLEGE PLANS

College you plan to attend: \_\_\_\_\_ Have you been accepted?: \_\_\_\_\_

Anticipated Field of Study: (1) \_\_\_\_\_ (2) \_\_\_\_\_

List Possible Career Goals: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Class Rank: \_\_\_\_\_ of \_\_\_\_\_.

GPA: \_\_\_\_\_

ACT Composite Percentile: \_\_\_\_\_

SAT Composite Percentile: \_\_\_\_\_

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## You must also submit the following information:

1. On a separate piece of paper explain your reasons for attending college, what financial need you have, and how you expect to fund your college education in addition to this scholarship.
2. Provide us with one letter of reference from a teacher or counselor AND one personal character reference that is not family related.
3. A certified transcript from Lewiston High School.

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Thank you for your interest in applying for the Patricia S. Bell Memorial Scholarship.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Due Date: April 20**  
**Submit completed application to the LHS Counseling Center**

The Bell Family is pleased you have applied for this scholarship. In order to determine who is most serious about their education, and to determine financial need, we are asking some personal questions. Please know that this is confidential information and used only so we can be objective.