

Dwight Church Memorial Scholarship

Administered by Lewiston Independent Foundation for Education, Inc.

Application Form

Amount: \$1000 for the first year of college. The scholarship will be sent in halves to the recipient's institution of higher education prior to the start of each semester of the recipient's first year.

Term: Each scholarship must be used in its entirety during the first year of the student's college education—the year following graduation from Lewiston High School—at any institution of higher education. Student may incur tax liability for any amount applied to room and board.

Qualifications: The recipient must be a student in good standing at the time of graduation from Lewiston High School and must exemplify the values, character and tradition of Lewiston High School. Participation in athletics is not a requirement for this scholarship.

Applicant _____ Date of Birth _____
First Middle Initial Last Month/day/year

Address: _____
Street

_____ Phone: _____
City State Zip

Parents' Name: _____

High School Extracurricular Activities: _____

College you plan to attend: _____ Possible Major: _____

Possible Career Goals: _____

Brief Essay: On another sheet, please explain your reasons for wanting to attend college, and why this scholarship is important to you.

SELECTION: Selection of a recipient will be made by a committee composed of the Church family and friends.

Transcript showing GPA, class rank, and ACT/SAT scores is attached.

Signature _____ Date: _____

****** Return to LHS Counselors by April 15. If this date falls on a weekend, the application is due on Monday. ******