

Landon Liptack Memorial Scholarship

NAME _____

Address _____

Email _____ Phone _____

PLANS:

1. What college do you plan to attend? _____
2. Have you applied to this college? Have you been accepted? _____
3. What course of study do you plan to pursue? _____

RECORD:

1. Student ranks _____ in a class of _____ students.

GPA: 6 pt Scale _____ 4 pt. unweighted Scale _____

Check one: Top 10% Top 25 % Top 50% Lower 50%

2. Test scores: SAT – M _____ CR _____ W _____ or ACT (composite) _____

FINANCIAL NEED:

1. What is the total gross income of your parents? _____
2. What is the number of children living at home in your family? _____
3. What is your birth order in the family (ex: 2nd out of 4 children) out of children _____
4. How many dependents and parents in your household will be full-time in college in the fall? _____
5. Do you have a part-time job? _____ If so, what is your annual income? _____
6. Explain other plans you may have for financing your college education: _____

PARENT SIGNATURE _____

Attach the following:

1. Academic Resume.
2. Please write and attach a **LETTER** specifically addressed the **INDIVIDUAL SCHOLARSHIP COMMITTEE** giving additional information you would like considered and your reasons for wanting to attend college.
3. Attach **two letters of recommendations** unless noted in the scholarship description.