

Jacob Lugli Memorial Scholarship Application

Full Name of Applicant: _____

Phone contact number: _____

Email: _____

* Include copy of transcript

Year	Overall average	Contribution to school (list clubs, sports, activities, leadership)
Grade 9		
Grade 10		
Grade 11		
Grade 12		

In 250 words or less, write why you should be considered to be chosen to receive this scholarship. If your family has a financial need, check this box Please briefly explain the need in your write-up.

In point form list contributions to the community (volunteering, seniors, hospital, etc)

List the Colleges, Universities and/or other training/education programs that you have applied to for the upcoming school year

University	Program	Accepted
College	Program	Accepted
Trades/Apprentice/Other	Program	Accepted