



The Lois Parker Foundation Scholarship Grant Application

APPLICANT INFORMATION					
First Name:		Last Name:		Amount Requesting:	
Home Address:					
City:		State:		Zip:	
Email:					
Home phone:			Cell phone:		
REQUIRED INFORMATION					
Essay Title:					
Scholarship Sought: (Circle one)	Underprivileged Veteran Government Employee				
Supporting Document Attached: (Circle One)	Yes No	Military Service Dates			
Name of School			Name of Course or Program Attending:		
Address of School					
Enrollment Contact Name			Student ID Number		
DISCLAIMER AND SIGNATURE					
<p>By signing below, you state that the information outlined above is accurate. The amount of scholarship funds you are requesting is necessary for the applicant to attend this school or program. You realize that funds for financial assistance are very limited and that receiving the total amount of funds requested is not guaranteed. In order to receive scholarship awards, participants must successfully complete the program, which means participants must attend and complete the program without withdrawing, failing, or any disciplinary problems. Should the participant withdraw, fail, or be sent home for disciplinary problems, the participant must reimburse the Parker Foundation for the total amount of the scholarship award.</p>					
Signature:				Date:	
FOR OFFICE USE ONLY					
Date received:		Received by:		Scholarship award:	\$
Reviewed by:		Approved by:		Need/Merit:	Need Merit