## 2022-2023 SUPPLEMENTAL SCHOLARSHIP APPLICATION FORM

## LAWRENCE REGION ANTIQUE AUTOMOBILE CLUB OF AMERICA SCHOLARSHIP PROGRAM

Attach this form to your high school scholarship form and transcript

All information submitted to the LRAACA Scholarship Committee will be treated as private and confidential.

Name of Applicant:	
Applicant Address:	
Applicant Phone Number (Cellphone preferred)	<u>:</u>
Applicant (non-school) Email:	
Parent/Guardian Name:	
Parent/Guardian Address (if different from appli	
Parent/Guardian Phone Number (Cellphone pre	eferred):
Parent/Guardian Email:	
Permission: I give permission for the release of and Grade Point Average (GPA) to the LRAAC	
Candidate Signature	Date
Parent Signature (If candidate under 18)	Date

## PART I – Goals and Course of Study High School: Please explain your career goals and intended course of study Please list HS honors, awards, clubs, offices held – from 10th grade to present Please list Non-School honors, awards, clubs, offices held, community service from 10th grade to present Please List Post-Secondary Schools You Desire/Plan to Attend Next Year in order of preference

## Part II – Statement of Need (Optional) Please provide your household gross annual in

Please provide your household gross annual income	
Please describe any special circumstances which you feel make it imperative that you have financial aid in the form of a scholarship?	
Please mention any siblings currently enrolled in post-secondary schools	
Please list summer or part-time employment	
Please list any scholarship awards you have received to date	