

LAKE VIEW COMMUNITY ASSOCIATION SCHOLARSHIP 2017

P.O. Box 62

Lake View, New York 14085

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Parent Resides in Lake View ? \_\_\_\_\_ Parent Member of LVCA? \_\_\_\_\_

Applicant # \_\_\_\_\_ (LVCA will fill this in)

\* \* \* \* \*

Number in family enrolled in college or other post secondary school: \_\_\_\_\_

Education Plans (State college and course): \_\_\_\_\_

\_\_\_\_\_

List other scholarships: \_\_\_\_\_

\_\_\_\_\_

Do you have a part time job now? \_\_\_\_\_

\_\_\_\_\_

Do you expect to earn any part of your college expenses by working? \_\_\_\_\_

\_\_\_\_\_

List your extra curricular activities in school: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In what way do you feel you have contributed to the Lake View community?  
Please attach your essay of no more than 200 words to this application.

THIS COMPLETED APPLICATION MUST REACH THE LVCA AT THE ABOVE ADDRESS NO LATER THAN MAY 15<sup>TH</sup>. SCHOLARSHIP WINNER & ALTERNATE WILL BE CONTACTED BY PHONE.

Applicant # \_\_\_\_\_