

LAKE VIEW COMMUNITY ASSOCIATION SCHOLARSHIP
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)

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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 15TH. SCHOLARSHIP WINNER & ALTERNATE WILL BE
CONTACTED BY PHONE.

Applicant # _____