



FRIENDS OF LAKE ROBINSON

Friends of Lake Robinson has established this Memorial Scholarship Fund to remember those who are no longer with us who have faithfully given of themselves to preserve Lake Robinson as an economic, recreational, and environmental resource for the Greater Greer community. One of our goals is to create a sustainable community around Lake Robinson peopled by households committed to the goals of environmental preservation, green architectural principles, and economic integration. We hope that those who compete for this scholarship will follow our lead and help create such sustainable communities throughout the world during their lifetime.

MEMORIAL SCHOLARSHIP APPLICATION

Name _____
Last First Middle

Birth Date _____

Address _____

E-Mail Address _____

City, State, Zip _____

Phone _____

High School _____

High School Address _____

City, State, Zip _____

Name of Counselor _____

List extracurricular activities in High School:

List honors, awards, or leadership positions in High School:

Other grants, scholarships or awards received or will be received:

What major academic discipline do you intend to pursue and what is your ultimate goal?
Why have you chosen this field?

What High School subjects or activities have you taken that influenced your decision to continue your education in your selected field?

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Scholarship type: ___ 4-Year College/University
 ___ Technical School/College

Probable college major: _____

College or University of choice: _____

Anticipated date of High School graduation: _____

I authorize the release to Friends of Lake Robinson of any information held or to be held by either secondary school, college or university officials, and others, including but not limited to personal evaluations and transcripts. I understand that this material may be kept confidential both from the public and me and waive any right of access that I might have by law.

Signature of candidate

Date

ACADEMIC RECORD

Please attach an official transcript for each High School year. Include SAT scores, ACT scores and rank in class.

Name

Title

Signature

High School

Date

Telephone

RECOMMENDATIONS

Please attach one professional staff or teacher recommendations to this application. Use the form provided.

