

LEHS CLASS OF 1965 SCHOLARSHIP APPLICATION 2024

Application Procedure

The LEHS Class of '65 will be awarding a \$1,000 scholarship to one student this year. The award will be presented upon receipt of proof of verification of first semester enrollment. This scholarship is not renewable.

The following six parts* must be submitted together to constitute a completed application. **The completed application must be returned to the LEHS Guidance Department, Attn: Matthew Wilkins, no later than 3pm on May 10, 2024.** No exceptions will be made and decisions are final. The winner will be announced at the LEHS Awards Night. Note: Preference may be made to a grandchild of a Class of '65 classmate.

The student must meet the following eligibility criteria:

1. Candidate must be accepted to an accredited two or four-year institution of higher learning or an accredited technical school.
2. Candidate must have attended LEHS full time for a minimum of two years.
3. Be a graduating senior in the top 30% of his/her class).
4. Demonstrated leadership/participation in school and community activities.
5. Document a need for educational financial assistance.

If you are this student and would like to apply, please submit:

Part I	Complete the LEHS Local Scholarship Application*
Part II	Complete the LEHS Class of '65 Scholarship Application Student Certification and Consent requires your signature and parent/guardian signature, if under 18 years old
Part III	Essay: Describe an event or individual that has shaped or influenced you to become the person you are today.
Part IV	Transcript: Submit an official high school transcript of your most recent academic work
Part V	Enrollment Verification: Supply a copy of your Acceptance Verification Letter from the College, University or Technical School enrolled in.
Part VI	Letters of Recommendation: Submit two letters of recommendation; one from a Guidance Counselor and one from a Teacher or Coach

*Your LEHS Local Scholarship Application may already be on file with the Guidance Department

LEHS CLASS OF 1965 SCHOLARSHIP FUND APPLICATION -- 2024

(Please print or type information)

Candidate: _____

Age: _____ Date of Birth: _____ Gender: M _____ F _____

Student's Signature: _____

Email: _____ Cell # _____

Address: _____ Zip Code _____

Parent's Name: _____ Telephone # _____

Parent's Signature: _____

(If applicant is under 18 years of age)

College/University/Technical School: _____

Anticipated Major: _____

Academic Information: Applicants must include a copy of his/her official application, transcript of high school grades and test scores.

Rank in Class _____ **No. in Class** _____ **Grade Point Average** _____

Scholastic Aptitude Scores: Verbal _____ Math _____ Written _____

MCAS Scores: ELA _____ Math _____ Science _____

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Have you applied for and received financial aid/scholarships from other sources?

Yes _____ No _____ If so, please indicate source (s)

Are you a Grandchild or direct descendant of an LEHS Class of '65 graduate?

Yes _____ No _____ If so, please indicate relationship and name of classmate (include maiden name if it's a woman)

Relationship _____; Name _____

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List extra-curricular/outside-of-school activities: _____

(If need more space, attach a separate page with your name on the top)

Signatures: _____, Principal

_____, Guidance Counselor

_____, Teacher/Coach

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