Linhart Family Youth Scholarship Application (Please print or type all information) Application due June 1, 2024

Name	Date of Birth		
Mailing Address	City/State	Zip	
Email	Phone Number		
Parent/Guardian Name(s)			
Number of family members enrolled half-time or more in college	next Fall		
Final high school (please complete the below information only if ye	ou are a graduating high school senior):		
G.P.A Class Rankof	ACT Score (if applicable)	-	
High School Graduation Date			
Current College G.P.A. (if applicable)			
Have you ever been charged with a crime in adult or juvenile cour	rt? If yes, please explain		
Post-secondary school you currently or expect to attend			
Tuition \$ Room & Board \$ Bo	oks & Fees \$ Other ex	penses \$	
Have you received or will you receive other scholarships? Yes	No If yes, list name(s) & amount(s)		
How do you plan to finance your education? Please attach a resume. Graduating high school seniors, please list high school. Post-secondary or graduate students, please list academic students.	st academic honors, awards and extra-cu	urricular activities while in	
college.			
Please include a copy of the Financial Aid letter from your post-se	condary school.		
Attach an essay briefly describing your proposed major field of stream education will help you achieve your personal goals. Additionally attitude toward helping others. Please use examples of how you	, please describe how you view your cha		
I,, do fully agree to the sinformation is accurate to the best of my knowledge.	tipulations of this scholarship and affirm	the above stated	
Student Signature			
I/We, the parent(s) or guardian(s) ofscholarship, and affirm the above stated information is accurate t	do full agree to the cothe best of my/our knowledge.	stipulations of this	
Parent/Guardian Signature	Date		

Date

Parent/Guardian Signature