

"Making A Difference Each Day In Every Way"

## Tackle Your Talent

## Scholarship Application

Please mail completed applications to: The Kenard Lang Foundation ATTN: Scholarship Committee PO Box 680158 Orlando, FL 32868–0158

## Application Deadline March 1, 2017

PERSONAL INFORMATION		
Name		
Address		
City	State	Zip
Telephone ())	_ Cell Phone ()	DOB
High School	GPA	
Parent or Guardian	Cell Phone (_	)
COLLEGE INFORMATION		
College Name		
College Address		
City	State	Zip
Date Classes Begin	Maior	

1. Do you participate in community service projects? Yes No If yes, with what organizations?				
		you a member of any extracurricular activities or youth organizations? Yes No If yes, ones?		
Gu	idan	ice Counselor SignatureTelephone ()		
1.		ease submit with your application a 500 word, typewritten, single spaced statement answe ne of the following questions:		
	A.	How will obtaining a college degree enable you to make a positive contribution to society?		
	В.	Why do you feel it is important to participate in community service projects and give back to the community?		
2.	Sul	bmit a personal statement identifying the benefits you hope to gain from this scholarship.		
		For Official Use Only		

## **SCHOLARSHIP APPLICATION CHECKLIST**

- ~ 500 word typewritten essay answering one of the two questions on the application
- ~ Personal statement about yourself and how this scholarship will benefit you
- ~ Copy of photo ID or Driver's License
- ~ Unofficial copy of your transcript that reflects your current cumulative GPA
- ~ Acceptance letter from an accredited 2 or 4 year college or university that you plan to attend \*
- ~ Photograph of yourself (school photo, etc.). Note: The picture will not be returned.
- \* Individuals may be selected to receive a scholarship after applying, but prior to being accepted to a 2 or 4 year institution. However, your scholarship will not be issued and distributed until your acceptance has been granted and verified in writing.