## EAST KNOX



## LIONS CLUB

## Earl & Helen Ann Campbell Scholarship PLEASE DO NOT ABBREVIATE. YOU MAY ATTACH ADDITIONAL INFORMATION

NAME			
ADDRESS			
PHONE: ()	EMAIL ADDRESS	DATE OF BI	RTH
NUMBER OF YEARS IN THE "EAST	KNOX/CAREER CENTER SCHOOL DISTRICT"		OL"
COLLEGE OR UNIVERSITY OF CHOIC	CE		
MAILING ADDRESS OF THAT COLLE	GE		
PROPOSED AREA(S) OF STUDY			
WHAT ARE YOUR LONG TERM GOA	LS?		
PLEASE LIST ALL SCHOOL ETC)	RELATED ACTIVITIES/SERVICES	(CLUBS, SPORTS, DRAMA, CON	ITESTS, OFFICE HELPER,
ACTIVITY/SERVICE TYPE	NO. OF YEA	RS O	FFICE HELD

## NO. OF YEARS ACTIVITY/SERVICE TYPE OFFICE HELD PLEASE LIST ANY WORK EXPERIENCE IN YOUR HIGH SCHOOL YEARS AND/OR SUMMERS **WORK TITLE** DESCRIPTION NO. OF YEARS PLEASE LIST ALL AWARDS YOU HAVE EARNED/SPECIAL RECOGNITIONS RECEIVED WHAT DO YOU KNOW ABOUT THE LIONS CLUB IN GENERAL AND THE EAST KNOX LIONS CLUB IN PARTICULAR? IF YOU RECEIVE ONE OF OUR SCHOLARSHIPS, WE ASK THAT YOU COME TO ONE OF OUR MEETINGS TO INTRODUCE YOURSELF. DO YOU ACCEPT THIS CONDITION? YES / NO PLEASE LIST AT LEAST ONE NON-SCHOOL, NON-FAMILY REFERENCE. (MAY INCLUDE LETTER) DATE OF FILING THIS APPLICATION SIGNATURE OF APPLICANT (ALLOWS EAST KNOX LIONS CLUB TO VERIFY AUTHENTICITY OF YOUR ENTRIES) SIGNATURE OF PARENT OR GUARDIAN THANK YOU FOR YOUR PARTICIPATION IS THERE ANY PERSONAL INFORMATION YOU WANT US TO CONSIDER?

PLEASE LIST ALL NON-SCHOOL/COMMUNITY ACTIVITIES