

# Joe Lemm Memorial Scholarship Application

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent or Guardian Name(s): \_\_\_\_\_

Address of Parent OR Guardian(s): \_\_\_\_\_

City: \_\_\_\_\_

Parent(s) or Guardian Occupation(s): \_\_\_\_\_, \_\_\_\_\_

I Plan To Attend (Technical School, College or University) \_\_\_\_\_

Accepted Yes (\_\_\_) No (\_\_\_) Major Area of Study \_\_\_\_\_

High School Activities and Awards: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Community Activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

## Guidance Office

I HEREBY CERTIFY THAT \_\_\_\_\_ HAS SHOWN OUTSTANDING ABILITY AS EVIDENCED BY THEIR LEADERSHIP, CITIZENSHIP, CHARACTER, AND COOPERATION IN SCHOOL AND COMMUNITY ACTIVITIES AND HAS A SATISFACTORY SCHOLARSHIP RECORD IN ALL HIGH SCHOOL SUBJECTS.

**AVERAGE NUMERICAL GRADE IN ALL HIGH SCHOOL SUBJECTS** \_\_\_\_\_

**APPLICANT'S RANK IN CLASS** \_\_\_\_\_

\_\_\_\_\_  
**PRINCIPAL OR GUIDANCE COUNSELOR**

\_\_\_\_\_  
**DATE**