

**NORTH CAROLINA LIONS EDUCATION GRANT PROGRAM**  
**NORTH CAROLINA LIONS FOUNDATION, INC.**  
**APPLICATION**

STUDENT INFORMATION				
Name				
Home Address				
County		Home Phone		
Social Security Number		Marital Status		
EDUCATIONAL INFORMATION				
High School Class Rank		High School GPA		College GPA
SAT Score	Verbal	Math	Total	
Institution you plan to attend:				
Address				
City		State		Zip
Have you been accepted. Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach copy of acceptance letter.				
Enrollment Date		Field of Study		

FAMILY INFORMATION	
Father's name	Age
Employer	Occupation
Father's Visual Acuity	Doctor's Certification required if visually impaired
Mother's name	Age
Employer	Occupation
Mother's Visual Acuity	Doctor's Certification required if visually impaired
Number of Dependents	
Name of Institutions:	

INCOME	
FATHER'S GROSS ANNUAL INCOME	_____
MOTHER'S GROSS ANNUAL INCOME	_____
WELFARE ASSISTANCE	_____
OTHER SOURCE OF ANNUAL INCOME	_____
TOTAL ANNUAL INCOME	_____
EXPENSES	

	BALANCE	MONTHLY PAYMENT
HOUSE PAYMENT OR RENT	_____	_____
CAR PAYMENT	_____	_____
UTILITIES	_____	_____
OTHER	_____	_____

ASSETS	
	VALUE
HOUSE	_____
OTHER REAL ESTATE	_____
CARS	_____
SAVINGS ACCOUNTS	_____
OTHER INVESTMENTS	_____
OTHER	_____
TOTAL	_____

I hereby certify that to the best of my knowledge, the above information is true and correct.

Signature of Parent or Guardian \_\_\_\_\_

REFERENCES
List the names, addresses, phone number and occupations of three people outside your immediate family (not relatives).
_____
_____
_____

TRANSCRIPT
A complete High School transcript, including grades, test scores and a list of extracurricular and leadership activities must be sent with the completed application. If already enrolled in college, a complete transcript showing courses roistered and grades eared should be submitted. A personal interview may be requested.

I hereby request an educational grant from the North Carolina Lions Foundation, Inc. Permission is granted to use my name in any publications of the NC Lions Foundation, Inc. and in publicizing the programs of the NC Lions Foundation, Inc.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Club	District
Club President Signature	Date

**MAIL TO: NC LIONS FOUNDATION, INC \* PO BOX 39 \* SHERRILLS FORD, NC 28673 \***  
**BY MARCH 31<sup>ST</sup>**