

Edger C. Seitz/Scott A. Seitz Scholarship Application

**Scholarships Awarded Will Be:
\$1,000-\$5,000**

*What are the guidelines?
An applicant must be:*

- ◆ **A Senior at LC or LN**
(or a past recipient applying for renewal)
- ◆ **In the top 1/3 of your class**
- ◆ **Majoring in a healthcare related field**
(nursing, pre-med, physical therapy, physician's assistant, etc.)
- ◆ **An active participant in school,
community &/or service activities**
- ◆ **In need of some degree of financial assistance**

Please submit the application plus nine copies.

Due: Monday, March 23, 2009

**The Edger C. Seitz/Scott A. Seitz Endowed Scholarship
Application Form**
Recognizing Students Interested in a Healthcare Related Field

Application Deadline: March 23, 2009
*Please return application and nine copies to LTSEF,
5626 Lawton Loop E. Dr., Indianapolis, IN 46216*

I. Student Information

Student Name _____ Social Security # _____
Home Address _____ ZIP _____
Home Phone _____ E-mail Address _____
Date of Birth _____ Expected Graduation Date _____
Name and Address of College you plan to attend: _____

Intended Postsecondary Field of Study: _____

II. Parent Information

Parent or Guardian Name _____
Address _____
Home Phone _____ Work Phone _____
Student Residing With ___ Father ___ Mother ___ Both ___ Other(_____)
Father's Occupation _____
Mother's Occupation _____
Number of Siblings _____ Others in College? _____
E-mail Address _____

III. High School Data

All relevant information must be included, with appropriate signature,
for application to receive consideration.

High School Attended _____
G.P.A. _____ Social Security Number _____
Seventh Semester Rank _____ out of _____ Students
S.A.T. Scores : Verbal _____ Math _____
A.C.T. Scores : _____
Signature of Principal or Counselor _____ Date _____

****Character Verification****

Please attach a written character reference from at least one classroom teacher. (Length is not important.) *No application will be considered without this portion completed.*

IV. Extra-Curricular Activities and Community Involvement

(Attach additional sheets, if desired)

A. High School (Scholastic Awards, Honors or Recognition)

B. Extra-Curricular Activities

Name	No. of Years	Special Achievement
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. Community or Church/Synagogue Involvement

Name	No. of Years	Special Achievement
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

V. Need

Other Scholarships Rewarded &/or Received

Please take the space provided and describe for the committee your financial need for this scholarship: _____

VI. Essay Statement

Attach a typed statement of 200 words or less about your future goals and how you plan to achieve these goals.

Application plus nine copies must be submitted to Lawrence Township School Foundation on or before Monday, March 23, 2009.

In submitting this application I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

Applicant's Signature _____ Date _____

Lawrence Township School Foundation
5626 Lawton Loop East Drive
Indianapolis, IN 46216
317-423-8300