

Application due March 29, 2019 via email to alumni@qlschools.org or turned in at the Central Office at 402 Cove Road, Chickamauga.

**Alumni (Class of _____)
Gordon Lee Memorial High School Alumni Association
Scholarship Application**

Full Name _____ Date of Birth _____

Address _____ E-Mail _____

Phone: (Home) _____ (Cell) _____

What is your field of study/major? _____

Have you been accepted into a program of study? Yes No

Are you currently enrolled? Yes No

If yes, list name of educational institution _____

List any activities and accomplishments during your years at GLHS:

List any community/service organizations in which you have participated.

Describe briefly the importance of this scholarship and how it would help you achieve your educational goals.

What does "Once a Trojan...Always a Trojan" mean to you? Write your thoughts on the back of this page or attach a typewritten response not to exceed 1 typewritten page.

Signature of Applicant _____ Date _____