

Lionel Jordan & Tommy Longest Memorial Scholarship

APPLICATION

Neatly Print or Type the Required Information

Name: _____ High School _____

Address: _____ Address _____

City/State/Zip _____ City/State/Zip _____

Telephone: () _____ Telephone: () _____

Date of Birth _____ E-Mail Address _____

Name of College/University intended for enrollment _____

Date of College/University enrollment _____

Total Annual Cost of Attendance _____

Anticipated Major _____

I will be Receiving _____ Scholarship _____ Work Study _____ Loans _____ Grants

Indicate the source and amount of financial assistance you have received or expect to receive:

Do you plan to seek employment while attending college? _____ Yes _____ No

Are you the first in your family to attend college? _____ Yes _____ No

(If yes, please provide explanation below)

I attest that all of the information provided on this application is true and accurate to the best of my knowledge. I also attest that the personal essay is my work alone. I understand that if the foundation finds that any of the information provided or essay was not my original work that I will forfeit the scholarship. I agree that funds will be used for educational expenses related to attending college. I certify by my signature that I have read the above statements and that my signature constitutes total agreement.

Applicant Name (Print)

Applicant Signature

Date

Lionel Jordan & Tommy Longest Memorial Scholarship

APPLICANT RECOMMENDATION FORM

To be completed by high school teacher or another adult (other than a family member)

This form must be postmarked/returned on or before Friday April 14, 2023.

Mail to:

Lionel Jordan & Tommy Longest Memorial Scholarship
ATTN: Scholarship Committee
30100 Telegraph, Suite 404
Bingham Farms, MI 48025

All materials should be typed or neatly printed in ink.

1. Name of Applicant: _____
Last First Middle
2. Address of Applicant: _____
Street City Zip Code
3. High School which the applicant attends: _____
4. Please make a statement below describing the applicant's character, school, community, leadership abilities and ambition to succeed.

Signature _____ Title _____

Print Name: _____ Relationship to Applicant, if applicable: _____

Organization Name/Address: _____

City/State and Zip Code: _____

Telephone Number: () _____ Date: _____

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