Sandusky Lions Club
2025 College Scholarship Application
In the amount of $1,000.00

Please print or fill out electronically

Name: _____ **Date of Birth:** _____

E-mail Address: _____ **Phone:** _____

Address: _____ **City/State:** _____ **Zip:** _____

Father: _____ **Mother:** _____

Address: _____ _____

Occupation: _____ _____

Name(s)/Age(s) of Siblings:

_____

_____

High School Attending: _____

Address: _____ **Phone:** _____

Grades/Class Rank

GPA: _____ **Class Rank:** _____ **out of** _____ **students**

Honors and Awards Received:

_____

_____

_____

_____

_____

Offices and other positions of Leadership:

_____

_____

_____

_____

_____

School/Extracurricular Activities:

_____
_____
_____
_____
_____
_____
_____

What College/University will you attend this fall:

_____

Have you been Accepted: _____ **What will be your major**: _____

Briefly describe your Educational Goals:

_____
_____
_____
_____

Have you received other scholarships, grants, or financial assistance other than family sources: _____

If yes, please explain and list the source(s) and the amount(s):

_____
_____
_____
_____

Briefly describe your vision impairment:

_____
_____
_____
_____

Applicant Signature: _____ **Date**: _____