

Lebanon Education Association (LEA)
2024-2025 Scholarship Application

A total of \$3,000 will be awarded to the sons and daughters of LEA members.¹ The maximum amount one student can receive is \$750. Scholarship money will be sent directly to the school the applicants will attend.

1. Applicant's Full Name: _____

2. Mailing Address: _____

3. Home Phone Number: _____

4. Social Security Number: _____

5. Parent Name (LEA Member): _____

6. Business Address Of Parent (LEA Member¹): _____

7. Name and mailing address of college, community college, or
vocation school you will be attending:

8. Starting Date Of Classes: _____

9. Applicant's Career Or Occupational Choice: _____

Please include the following with your application:

10. A statement of family circumstances that may have a financial impact on your plans for continued education.
11. A statement of extra-curricular activities that you participated in during your high school years. Please divide these activities into three separate categories: sports, school clubs/organization, and community activities. Include positions held, honors received, employment, etc.
12. A copy of your official high school transcript.
13. An essay entitled "How My Educational Plans Fit Into My Career Goals".

I certify that all information given in this application is true to the best of my knowledge.

Student's Signature

Date

¹Parent's (LEA Member) Signature

Date

¹Children of parents who are active/current members of the Lebanon Education Association are eligible to apply. **Children of fair share District employees are not eligible for this scholarship.**

**Completed applications must be returned to
Wendy Eilers in the LHS Main Office by
12:00 noon on Tuesday, April 15, 2025.
Late applications will not be accepted.**