

Washington Elks Lodge #1559

Donald C. Conrad Special Needs Scholarship Application

Applicant Information

Last _____ First _____ M.I. _____ D.O.B _____
Applicant's Name

Address: _____
Street Address Apartment/Unit #

City _____ State _____ ZIP Code _____

Phone: (____) _____ Email _____

Is applicant a resident of Franklin County? Y/N _____

Is applicant a previous recipient of this scholarship? Y/N _____

Number of household members? _____ Applicant Income _____/Month

Parental/Guardian Information, if applicable

Last _____ First _____ M.I. _____ Date: _____
Parent or Guardian Name:

Address: _____
Street Address – If not the same as above Apartment/Unit #

City _____ State _____ ZIP Code _____

Phone: (____) _____ Email _____

Parental Income _____/Month

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Brief Biography of Applicant:

What are the applicant's strengths and challenges?

Reason for Scholarship request

Impact attending camp will have on applicant

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Financial

Does the camp applicant attending offer a scholarship/grant program? Y/N _____

Has applicant applied? Y/N _____

Have other sources of support been sought? Y/N ____ If yes, brief explanation.

Camp Information

Name of facility: _____

Awarded scholarships will be paid directly to camp attending

Address: _____

Street Address

City _____ State _____ ZIP Code _____

Phone: (____) _____ Email _____

Camp or Program's contact Name _____

Total Cost to Attend Camp \$ _____

Amount Requested \$ _____

Length or duration of Camp _____ days

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Disclaimer and Signature

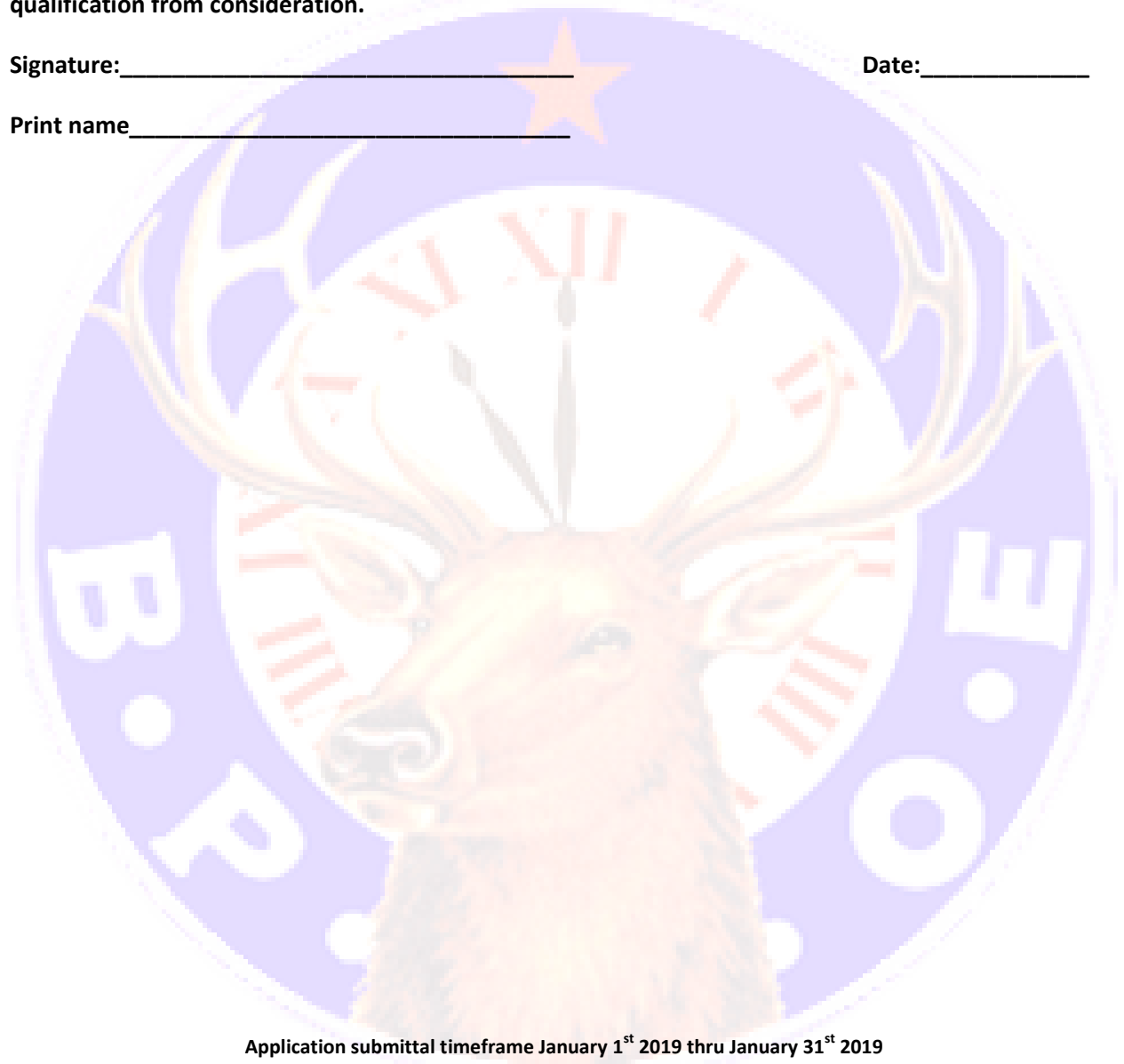
I certify that my answers are true and complete to the best of my knowledge.

I understand that false or misleading information in my application or interview may result in disqualification from consideration.

Signature: _____

Date: _____

Print name _____



Application submittal timeframe January 1st 2019 thru January 31st 2019

Mail completed application to:

BPOE Elks
Special Needs Scholarship
P.O. Box 229
Washington, MO 63090