ST. GEORGE "DIXIE" ELKS LODGE #1743 CLIFF JONES MEMORIAL BOWLING SCHOLARSHIP APPLICATION

INSTRUCTIONS

- 1. Applications and accompanying items should be submitted attached IN A FOLDER.
- 2. Please hand-deliver or mail application to:

DIXIE ELKS LODGE #1743

630 West 1250 North

St. George, UT 84770

ATTN: Elks Scholarship Chairman

Lodge office hours are Monday-Thursday from 9:00 a.m. to Noon.

- 3. APPLICATION DEADLINE IS MARCH 15.
- 4. For more information contact Sue Brooks 435-313-6228.

CHECK LIST FOR APPLICATION

- Personal information completed
- Essay (on application or a separate sheet)
- If you are a high school senior, please provide an official transcript of high school grades along with grade point average and ACT/SAT score. These should be presented in an official sealed school envelope. If you are a current college student, please provide your college transcripts including grade point average in an official sealed school envelope.
- Honors and awards
- Leadership and extra-curricular activities
- Volunteerism
- Financial need statement
- A statement of any other compelling reason you should be considered for this scholarship

FAILURE TO PROVIDE ALL REQUIRED INFORMATION WILL RESULT IN DISQUALIFICATION FOR SCHOLARSHIP CONSIDERATION

PERSONAL INFORMATION

Last Name	First Name	
Date of Birth (mm/dd/yyyy)	Phone	Number (###-###-###)
Mailing Address		
City	State	Zip
Email Address		
High School Attended		
Name of USBC/WCBA sanctioned bowler		

HONORS AND AWARDS (Use a Award/Honors	dditional page if needed.)		Year (last three years)
LEADERSHIP AND EXTRA-CUpage if needed.)	URRICULAR ACTIVITIES F	OR THE LAST THREE YEAI	RS. (Use additional
LEADERSHIP AND EXTRA-CU page if needed.) Extra-curricular activity	URRICULAR ACTIVITIES For Position	OR THE LAST THREE YEAI Dates of Activity mo/yr to mo/yr	RS. (Use additional Total Hours
page if needed.)		Dates of Activity	Total
page if needed.)		Dates of Activity	Total
page if needed.)		Dates of Activity	Total
page if needed.)		Dates of Activity	Total
page if needed.)		Dates of Activity	Total

Volunteer Event		Dates of Service mo/yr to mo/yr	Total Hours
FINANCIAL NEED STATEMENT Select from the following			
I live with my parents/guardian Total household income (including	g parents/guardian)	(Numbers only)	
I live independently Total household income	(Numbers only)		27.1
How many dependents in your householder How many dependents will be enrolled	_ ·		(Number Only)
ADDITIONAL INFORMATION (If you employer and hours per week for the last the		urself and/or your famil	y, indicate
Employer		Date of Work mo/yr to mo/yr	Total Hours
A statement of any other compelling reas	son vou should be consid	dered for this scholarshi	n

VOLUNTEERISM – LIST EXPERIENCE AND DATES FOR THE LAST THREE YEARS. (Use additional

00 words.)	You can copy and paste in this section.	