

SAN DIEGO LIONS SCHOLARSHIP FOUNDATION

FRANK RIVERA & JIM ASHCRAFT FELLOWSHIPS

1341 East 8th St., Suite A National City, CA 91950 Tel. (619) 581-1051 www.sdlsf.org

APPLICATION FOR SCHOLARSHIP GRANT

Student Applicant's Na	me:			
DOB:	_ Gender:	Residency:	US Citizen	Permanent Resident
Address				
Contact Number:		E-mail:		
Name of High School Attending/Attended:				
Name of College/University: (Planning to attend)				
Were you a previous SDLSF grant recipient? Were you a previous applicant?				
Submit: 1. An essay of your goals (500 words or less), 2. Current Photo, 3. Most recent official transcripts & attach them with this application.				
Certification and signature: I certify that I understood all the rules and regulations and meet all the criteria of the SDLSF Scholarship Grant and will abide by it. By adding my signature to this application, I certify that all the information and statements provided are current, correct and complete.				
Print Name:			Date:	
Signature:				
If applicant is still a dependent of his/her parents or guardian, please have them sign below:				
Name of Parent/Guardi	an:			
Relationship to Applica	ınt:		Contact Number: _	
Address if different from	m the applican	t:		
Signature:				
Signature:				
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Application must be received no later than March 31, 2022