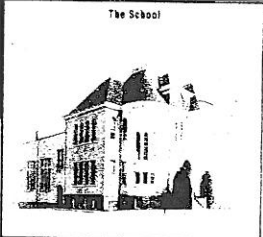


LINCOLN HIGH SCHOOL ALUMNI ASSOCIATION, INC

SCHOLARSHIP APPLICATION CHECKLIST  
"Keeping the Legacy Alive"



Please follow the directions and check your application carefully to be sure that it is complete and all needed signatures are obtained. The following must be included for your application to be considered:

Completed application signed by both the applicant and parent/guardian

Two recommendation forms (Teacher and Community person)

School transcripts from 2017 school yr. and 2018 spring

A copy of nationally-normed standardized test scores (may include SAT-  
; ACT; or any other nationally-normed exam)

A 250 word essay written on one of the topics given

Completed financial form

Indicate confirmed scholarships with amounts below/use extra paper if needed.

**Application is considered complete ONLY when all required material is submitted**

**Please return all completed forms to:**



Lincoln High School Alumni Association, Inc  
P.O. Box 4020  
Fort Smith, AR 72914

**Application Due Date**

**May 15, 2018**

**Priority consideration will be given to those received by or postmarked on  
this date.**

**FOR QUESTIONS CONTACT**

**George Clint Robinson ■ 479. 420.5267 ■ R4geor@aol.com**

# LINCOLN HIGH SCHOOL ALUMNI ASSOCIATION, INC

The School



## STUDENT APPLICATION

### STUDENT INFORMATION

Please Print or Type

Student Name: \_\_\_\_\_ Social Sec. # \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street City State Zip

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male Female

Ethnicity: (optional): Native American Black/African American Asian/Pacific Islander  
Multi-Racial Hispanic/Latino Caucasian/White Other \_\_\_\_\_

### PARENT OR LEGAL GUARDIAN INFORMATION

Student Lives with: Father Mother Both Other: \_\_\_\_\_

Father's/Male Guardian's Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Mother's/Female Guardian's Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

### SCHOOL INFORMATION

Name of School: \_\_\_\_\_ Type: Public Private

School Address: \_\_\_\_\_  
Street City State Zip

School District: \_\_\_\_\_ County: \_\_\_\_\_

Name of Counselor: (Mrs., Ms., Mr., Dr.): \_\_\_\_\_

### ACADEMIC INFORMATION

I have attached the following:

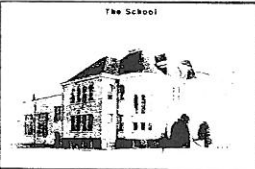
Transcripts from 2017 school year and 2018 Spring semester

Nationally-normed standardized test scores (e.g. SAT-; ACT; or any other nationally-normed test

Check all that apply

Participated in a Gifted and Talented program through my school

Participate in preAP or honors classes



**STUDENT APPLICATION (continued)**

**ESSAY**

To complete the application, please attach a 250 word essay (preferably typed) written on one of the following topics:

1. Evaluate a significant experience, achievement, risk you have taken, or ethical dilemma you have faced and discuss its impact on you.
2. Discuss an issue of personal, local, national, or international concern and discuss its importance to you.
3. Indicate a person who has had a significant influence on you and describe how that influence has broadened you.

**EDUCATIONAL GOALS**

Area of Study/Major To Pursue: \_\_\_\_\_

Name of 2 year/ 4 year/ Technical College you plan to attend: \_\_\_\_\_

What do you hope to accomplish once your educational goals are achieved: (limit response to the space provided here):

I certify to the best of my knowledge, that all the information given on this application is true, correct, original and complete.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

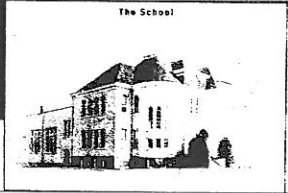
\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**"Keeping the Legacy Alive"**

LINCOLN HIGH SCHOOL ALUMNI ASSOCIATION, INC

SCHOLARSHIP RECOMMENDATION FORM



(please print or type)

**INSTRUCTIONS FOR STUDENT APPLICANT**

Two separate recommendation forms must be completed and returned with your application. Recommendations may be completed by one academic teacher and another adult with whom you interact regularly who knows your community involvement, character, and activities, etc.

You will need to check one of the boxes below and sign this form before you give it to the person completing the recommendation. This signature is a requirement of the Family Education Rights and Privacy Act.

I waive any right of access that I might have to this recommendation form

I do not waive any right of access that I might have to this recommendation form

Student's Name: (please print) \_\_\_\_\_

Student's Signature: \_\_\_\_\_  
Last First M..I.

**INSTRUCTIONS FOR PERSON COMPLETING RECOMMENDATION**

The student named above is applying for the Lincoln High School Alumni Association academic scholarship. Your recommendation should include distinguishing intellectual and personal traits as well as special talents of the applicant. Statements will be kept confidential and made available only to the Committee overseeing this application. Your honest and thoughtful appraisal of the applicant's readiness for college will be appreciated.

Please be candid in your opinions. Please seal the recommendation in an envelope labeled with the student's name and return to the applicant with the completed application.

Name of individual completing this recommendation: \_\_\_\_\_

Title: \_\_\_\_\_ Institution/Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Recommender's Signature \_\_\_\_\_ Date \_\_\_\_\_

Knowledge of the Applicant:

You are the applicant's: Teacher Counselor Principal Other \_\_\_\_\_

How long have you known the student? \_\_\_\_\_

## Recommendation Form (continued))

Please evaluate the student applicant according to your personal observation using the following scale.:

- |  |                                       |
|--|---------------------------------------|
| 0 = Uncertain/ not able to observe           | 3 = Meets expectations                |
| 1 = Consistently performs below expectations | 4 = Occasionally exceeds expectations |
| 2 = Occasionally performs below expectations | 5 = Consistently exceeds expectations |

	0	1	2	3	4	5
Academic Performance						
Level of preparation for class						
Motivation						
Work Ethic						
Attitude toward assignments						
Accuracy with assignments						
Ability to follow through						
Verbal communication skills						
Ability to work with others						
Character						
Good judgment/ Makes appropriate decisions						
Consistency						
Maturity						
Leadership Skills						
Independent intellectual skills						
Analytical/Problem solving skills						
Respect for others						

Please provide additional comments that you feel will be helpful in assessing the applicant's qualifications for receiving this scholarship. Indicate these comments in the space provided below.

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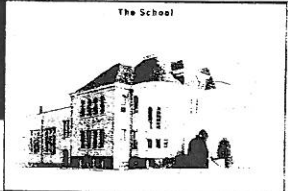


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**LINCOLN HIGH SCHOOL ALUMNI ASSOCIATION, INC SCHOLARSHIP**  
 P. O. Box 4020 Fort Smith, AR 72914  
 For Questions contact  
 George Clint Robinson 479. 420.5267 R4geor@aol.com

LINCOLN HIGH SCHOOL ALUMNI ASSOCIATION, INC

CONFIDENTIAL FINANCIAL AID FORM



My student WILL NOT be applying for Financial Aid
My student WILL be applying for Financial Aid

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

(Complete the following)

This application should be completed by the parent/guardian of students seeking the Lincoln High School scholarship. This scholarship will be based on financial need, academic achievement, and community involvement.

Student's Name: \_\_\_\_\_
Last First M.I.

Parent's Marital Status: Single Married Divorced Widowed Separated

Number of children in the family: (include the applicant) \_\_\_\_\_

Are any children in college or private school: Yes No

If yes, how many? \_\_\_\_\_ where? \_\_\_\_\_

Do they receive financial aid? Yes No If yes, award amount: \_\_\_\_\_

FINANCIAL INFORMATION

- A. Taxable Income (Line 43 on Form 1040) (Line 6 on Form 1040EZ) (Line 27 on Form 1040A) 2016 \$ 2017 \$
B. What additional, non-taxable income (if any) have you received? \$ \$
C. Attach a copy of your most recent federal income tax return
D. On a separate sheet, explain any financial or family circumstances which should be considered when awarding this scholarship. Examples are extended family responsibilities, unusual medical or educational expenses, and other family needs and responsibilities.

Failure to submit complete tax forms will delay scholarship award notification

NOTE

All financial information will be kept confidential; No personal financial information will be entered on computer files. Scholarships are open to all High School Seniors regardless of race, color, creed or national origin.

Please Return All Completed Forms To:
LINCOLN HIGH SCHOOL ALUMNI ASSOCIATION, INC SCHOLARSHIP
P. O. Box 4020 Fort Smith, AR 72914
For Questions contact
George Clint Robinson 479.420.5267 R4geor@aol.com



**SCHOLARSHIP APPLICATION**  
**"Keeping the Legacy Alive"**

**SCHOLARSHIP PROCESS**

Students are eligible to be considered for the Lincoln High School Scholarship if they meet all of the following criteria:

- Legal resident of the United States
- Is a senior in High School and have attained a cumulative high school GPA of 2.73 on an un-weighted 4.0 scale
- Will enroll at a U.S. located, accredited college and/or trade school in the fall of High School graduation year
- Have demonstrated leadership abilities through participation in community service, extracurricular, or other similar activities
- Meet the Federal Pell Grant eligibility criteria
- A copy of nationally-normed standardized test scores (may include SAT- ; ACT; or any other nationally-normed exam (SAT—1499 and/or ACT - 19 is required)

Have completed and submitted all the recommended forms and all 7 pages of the original packet,  
Completed application signed by both the applicant and parent/guardian  
Two recommendation forms (Teacher and Community person)  
School transcripts from 2017 school yr. and 2018 spring  
A 250 word essay written on one of the topics given  
Completed financial form & other scholarships confirmed : Name College/other & amounts/ use additional paper if needed.

**Specifics to the Lincoln High School Scholarship**

- Scholarship is not automatically renewable
- 3 scholarships will be given at \$500.00 each
- Awardee must meet the Federal Pell Grant eligibility criteria
- Funds will be sent directly to the college for the student
- Awarded for under-graduate degrees only
- Application will become available on the Lincoln High School web-site; High schools, and distributed by hand
- Scholarship will be announced and a letter of award given at the Lincoln High Reunion and the M.L.K. Awards banquet
- Scholarships will become available to all Lincoln High graduates off-springs, as well

**COMMITTEE**

George Clint Robinson—Chair

Members:

Charlotte Tidwell, Barbara Meadows, Zuella Gray and Hiram Justice