

LCDA SCHOLARSHIP FORM

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Type or Print **clearly**

NAME _____
Last First Middle

Age _____ Sex _____ Date of Birth _____

Birth of Place _____ Social Security # _____

ADDRESS _____
Number and Street City Zip Code

Phone _____ Other Phone _____ High School _____

E-mail address: _____ (create one if you do not have one)

Have you received other scholarship or grants? _____ If yes, Amount _____

For how long? _____ Who granted this scholarship? _____

Did you applied for the Clara Luper _____ was it granted _____

What College or Vo-Tech will you attend? _____
If you name more than one university, match will not be sought.

What will be your major? _____

Please list honors, awards and hobbies: _____

If you need additional space, attach a separate sheet of paper.

Please list organizations membership and community volunteer activity: _____

If you need additional space, attach a separate sheet of paper.

Father's or Guardian's Name: _____

Mother's Maiden Name: _____

What other family circumstances will make it difficult for you to continue your education? _____

If you need additional space, attach a separate sheet of paper.

Student's Signature

Date

Parent's/ Guardian's Signature

Complete and return this application postmarked by February 26th, 2010

**Education Committee Scholarship Review
LATINO COMMUNITY DEVELOPMENT AGENCY
420 S.W. 10th Street
Oklahoma City, OK 73109**