

**LAKE COUNTY BLUE COATS, INC**

**SCHOLARSHIP APPLICATION**

PERSONAL INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

High School Presently Attending or Attended \_\_\_\_\_

High School Cumulative Grade Point Average \_\_\_\_\_

Number in Graduating Class \_\_\_\_\_ Class Ranking \_\_\_\_\_

List High School and/or Civic Activities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

References, with at least one other than school associated:

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

3. \_\_\_\_\_ Phone \_\_\_\_\_

POST HIGH SCHOOL COLLEGE OR EDUCATIONAL INSTITUTION

Name \_\_\_\_\_

Location \_\_\_\_\_

Accepted to Attend ( ) Yes ( ) No

Already Attending ( ) Yes ( ) No

Educational Institution Terms:

( ) Semester ( ) Trimester ( ) Quarter

College Activities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

College Cumulative Grade Point Average \_\_\_\_\_

\*Please note that only students whose parent or parents are currently employed by a police or fire department in Lake County are eligible for this financial aid.

FAMILY INFORMATION

Father \_\_\_\_\_ Mother \_\_\_\_\_

Brothers (Age of Each) \_\_\_\_\_

Sisters (Age of Each) \_\_\_\_\_

Name(s) of Parent(s) Currently Employed by

A. Lake County Police Department

1. \_\_\_\_\_ Department \_\_\_\_\_

2. \_\_\_\_\_ Department \_\_\_\_\_

B. Lake County Fire Department

1. \_\_\_\_\_ Department \_\_\_\_\_

2. \_\_\_\_\_ Department \_\_\_\_\_

ESSAY

On a separate sheet of paper, clearly write or type in your own words a short summary of your goals, ambitions, and conclusions why you believe you merit the committee's consideration for this scholarship.

Return this application and your essay to:

Lake County Blue Coats, Inc.  
Scholarship Committee  
C/O Doreen Davis via e-mail at  
doreendavis1119@gmail.com

DEADLINE FOR APPLICATION IS APRIL 30<sup>TH</sup> EACH YEAR FOR THE UPCOMING SCHOOL YEAR. PLEASE FEEL FREE TO CONTACT US WITH ANY QUESTIONS.