



304-255-3900 • jleefoundation.org • PO Box 1160, Beaver, WV 25813

# Merit Scholarship Award Program Application Form

*This form and all accompanying required application materials must be submitted no later than April 30.*

**Applicant Information:**

Name: First \_\_\_\_\_ (MI) \_\_\_\_ Last \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Mobile \_\_\_\_\_

Personal email: \_\_\_\_\_

**Scholastic Information:**

High School Attended: \_\_\_\_\_

High School Graduation Date: \_\_\_\_\_

Are you presently attending college? \_\_\_ Yes \_\_\_ No

Have you previously been awarded any other scholarships? If yes, please list them below:

Scholarship \_\_\_\_\_ Amount \_\_\_\_\_ Full or Partial? \_\_\_\_\_

Scholarship \_\_\_\_\_ Amount \_\_\_\_\_ Full or Partial? \_\_\_\_\_

**Academic Institution Information:**

College of Enrollment: \_\_\_\_\_

College Address: Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

College website: \_\_\_\_\_ College phone: \_\_\_\_\_

Intended Degree & Major: \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_ Semester Start Date: \_\_\_\_\_

*Scholarship payments are made to the College or Institution.* Please provide business/financial office address:

\_\_\_\_\_  
\_\_\_\_\_

Date of Submittal: \_\_\_\_\_

<b>Foundation use only:</b>	Date Reviewed: _____	Program Start Date: _____
	Approved by: _____	Title _____