

2024 Scholarship Application

► Only **ONE** application per recipient will be accepted. ◀

APPLICATION / TRANSCRIPT* DEADLINE IS MAY 1st

All entries must be postmarked by **May 1st** and received by **May 8th**. **ALLOW ENOUGH TIME FOR MAILING!**



| SCHOLARSHIP RECIPIENT | | | | DOB | Sex | <input type="checkbox"/> M | <input type="checkbox"/> F |
|---|--|-----------------------------|------------------------------|------------------------|-----|----------------------------|----------------------------|
| Is the recipient an insured on an LCBA certificate? | | <input type="checkbox"/> NO | <input type="checkbox"/> YES | If yes, certificate #: | | | |
| First Name | | | Last Name | | | | |
| Phone | | Email | | | | | |
| Address | | City | | State | | Zip | |

| WHO IS FILLING OUT THIS APPLICATION? <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Recipient <i>(This section's information will be used for communication.)</i> | | | | | | | |
|--|--|-------|-----------|-------|--|-----|--|
| First Name | | | Last Name | | | | |
| Phone | | Email | | | | | |
| Address | | City | | State | | Zip | |

| ENTRIES FOR LCBA BENEFIT MEMBERS - List certificate numbers for parents/guardians, grandparents, and great-grandparents | | |
|---|------|-----------------------|
| Certificate # | Name | Relation to Recipient |
| | | |
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| | | |

| SCHOOL / CAMP INFORMATION - Select scholarship(s) applying for. <i>(You may apply for more than one on this application)</i> | | | | | | | |
|--|---|---|-------|-----------------|---------|--|-----|
| <input type="checkbox"/> ELEMENTARY / SECONDARY | <input type="checkbox"/> POST-SECONDARY | ⚠ TRANSCRIPTS FOR POST-SECONDARY SCHOLARSHIPS ARE DUE BY MAY 1ST! | | | | | |
| Name of Institution | | | | Enrollment Date | | | |
| Address | | | City | | State | | Zip |
| Contact Name | | | Phone | | Tuition | | |

*** For POST-SECONDARY SCHOLARSHIPS ONLY, you must send your official transcripts in a sealed envelope from your school to LCBA (address below). If your school uses an online system please have the link emailed directly to scholarships@lcbalife.org. Applications without qualifying transcripts will not be considered.**

| | | | | | | | |
|----------------------------------|---|--|-------|----------------|-------|--|-----|
| <input type="checkbox"/> CAMPING | ► CAMPING SCHOLARSHIP winners will be required to sign a liability release before funds will be awarded. | | | | | | |
| Name of Camp | | | | Date Attending | | | |
| Address | | | City | | State | | Zip |
| Contact Name | | | Phone | | Cost | | |

Send completed application and/or transcripts to:

► Email: scholarships@lcbalife.org
Subject: Scholarships



Mail: ATTN: Scholarships, LCBA,
PO Box 13005, Erie, PA 16514-1305

I give permission to LCBA to use recipient's name and/or images to promote LCBA and its scholarship programs. **A photograph will be requested from winning candidates.** If recipient is under 18 and is awarded a scholarship, a parent/guardian signature will be required if not already on file. *(See LCBA's privacy policy online for complete details.)*