



P.O. Box 99, Edwardsville IL 62025, lynnefsolonfoundation@gmail.com

Scholarship Application

The application should be fully completed and signed. The answers to the questions may be legibly handwritten or typed. The punctuation, spelling, and handwriting will not be a deciding factor. The scholarship committee is looking for students who show dedication, determination and perseverance to triumph over their life challenges and who have become accomplished students with future collegiate and/or professional goals in mind.

The award is \$1500.00 for an applicant's freshman year for a qualifying high school senior and \$1500.00 for a previous recipient in a post-secondary program who applies in a subsequent year.

Applicant's Basic Information

Name: _____
Phone number 1: _____
Phone number 2: _____
Email address: _____
Address: _____

Applicant's Educational Information

High School/ College: _____
G.P.A.: _____
ACT/SAT score: _____
Awards/ Honors Earned (please include dates): _____

Colleges & Universities or Post-Secondary Programs to Which You Have Submitted Applications

Name of School: _____
Location: _____

Name of School: _____
Location: _____

Please list other scholarships you have been awarded

I, _____ the undersigned, acknowledge that all of the information is true and accurate. False representation may cause disqualification or revocation of the scholarship.