

**2013 - 2014**  
**Scholarship Application**  
**Mansfield Lahm Military Families**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
*Last First Middle*

HOME ADDRESS: \_\_\_\_\_  
*Number Street P.O. Box or Apt. #*

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

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PARENT/SPONSOR \_\_\_\_\_  
*Rank Full name*

ACTIVE OR RETIRED (A/R): \_\_\_\_\_ YEARS OF SERVICE (IF RETIRED): \_\_\_\_\_

UNIT OF SPONSOR \_\_\_\_\_ ( 179<sup>th</sup>, RHS Det 1, 1486<sup>th</sup>, 486<sup>th</sup>, 5694<sup>th</sup>)

IF SPONSOR IS RETIRED, DATE OF RETIREMENT \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
*Home address/City/State/Zip Phone Number*

\_\_\_\_\_  
*Relationship to Sponsor Enlistment Expiration Date Unit/Squadron*  
*(If active)*

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APPLICANT'S STATUS: (Check one) High School ( ) Business/Trade School ( ) College ( )

School/College & Grade/Term \_\_\_\_\_

Have you received any other scholarships? (if so, please specify) \_\_\_\_\_

List Activities (School, Community, Church): \_\_\_\_\_

List offices to which you have been elected in Any Organization: \_\_\_\_\_

List Honors which you have been awarded: \_\_\_\_\_

\_\_\_\_\_

List College/ Trade/Business School you plan to attend or are currently attending: \_\_\_\_\_

\_\_\_\_\_

What career are you planning to pursue and why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*If you need additional space to answer , please attach a separate sheet to this form.*

I have answered the above questions to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Applicant/Date

\_\_\_\_\_  
Signature of Parent or Spouse/Date

If granted a scholarship and I fail to complete the school term for reasons other than illness and injury, I agree to return any scholarship money to the Mansfield Lahm Military Families.

\_\_\_\_\_  
Signature of Applicant/Date

(This application can be reproduced for applicant purposes.)