

**ARTHUR K. & SYLVIA S. LEE SCHOLARSHIP FOUNDATION  
APPLICATION FOR SCHOLASTIC GRANT**

**Local Community College Application**

Mailing Address:  
P. O. Box 681943  
Franklin, TN 37068-1943  
Fax: 615-776-7028  
Email Address:  
info@akleefoundation.org

Applicant: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street, P.O. Box or Rural Route

\_\_\_\_\_  
City, State & Zip Code

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Give the following information concerning your father, mother or guardian:

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street, P.O. Box or Rural Route

\_\_\_\_\_  
City, State & Zip Code

\_\_\_\_\_  
Telephone Number

**INSTRUCTIONS**

1. Applicants must complete the application and return it to the mailing address of the Foundation POSTMARKED ON OR BEFORE JUNE 30 OF EACH YEAR.
2. Applications must be accompanied by a transcript from high school, college, etc. POSTMARKED ON OR BEFORE JUNE 30 OF EACH YEAR.
3. Budget Section must be completed by all Applicants.
4. All applications must be accompanied by Certification signed by Applicant and Parent or Guardian.
5. ALL APPLICANTS MUST BE ENROLLED AS FULL TIME STUDENTS UNLESS OTHERWISE APPROVED BY THE TRUSTEES OF THE FOUNDATION.

In order for you to continue receiving information regarding the Arthur K. & Sylvia S. Lee Scholarship Foundation and to assure the Foundation's database is current, please notify the Foundation of any change in your address or email address. Notifications should be mailed to the address above or emailed to info@akleefoundation.org.

1. \_\_\_\_\_  
High School \_\_\_\_\_ City, State \_\_\_\_\_ Graduation Date \_\_\_\_\_
2. In which quarter of your class did you graduate? \_\_\_\_\_
3. Which of the following tests have you taken and the results: SAT: \_\_\_\_\_  
ACT: \_\_\_\_\_  
OTHER: \_\_\_\_\_
4. Name and address of institution you plan to attend: \_\_\_\_\_  
\_\_\_\_\_
5. State your student status upon entering college this scholastic year:  
Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_
6. When do you plan to enter? \_\_\_\_\_
7. Have you been accepted? \_\_\_\_\_
8. When do you expect to graduate? \_\_\_\_\_
9. What field of study do you plan to pursue? \_\_\_\_\_
10. What degree will you receive on graduation? \_\_\_\_\_
11. After graduation from college, what do you wish to do? \_\_\_\_\_  
\_\_\_\_\_
12. State briefly, in an attachment, why you want to go to college.
13. Provide any particular circumstance which might help in determining your eligibility for a scholarship:  
\_\_\_\_\_  
\_\_\_\_\_
14. Qualification for a scholarship will be based on financial need, academic performance, community service and Foundation funds available in each annual period.

**BUDGET ESTIMATE:**

Give your best estimate below of the resources and expenses you expect to operate with during the coming school year:

**Resources:**

Income from summer employment \$ \_\_\_\_\_  
Income from employment during year \_\_\_\_\_  
Savings Available \_\_\_\_\_  
Parents/Guardian \_\_\_\_\_  
Other – Scholarships, Loans, etc. \_\_\_\_\_  
Specify: \_\_\_\_\_  
\_\_\_\_\_

**Total Resources**

**\$ \_\_\_\_\_**

**Expenses:**

Tuition \$ \_\_\_\_\_  
Fees (Health, Lab, etc.) \_\_\_\_\_  
Room and Board \_\_\_\_\_  
Transportation \_\_\_\_\_  
Books and Supplies \_\_\_\_\_  
Clothing \_\_\_\_\_  
Fraternity, Sorority, Social Clubs \_\_\_\_\_  
Miscellaneous \_\_\_\_\_  
Itemize: \_\_\_\_\_  
\_\_\_\_\_

**Total Expenses**

**\$ \_\_\_\_\_**

## CERTIFICATION

I hereby certify as follows:

1. All information provided hereinabove or attached hereto is true and accurate to the best of my knowledge and belief.
2. Any funds which I might receive from the hereinabove Foundation will be used by me for educational and related purposes only.
3. Should I not enter college as planned, any funds previously received by me from the said Foundation for the current school year will be returned to the Foundation.
4. Should I leave college for any reason, voluntary or involuntary, any funds previously awarded but unpaid to me shall be forfeited.
5. I will obey the laws of my country, my state and my community and the rules of conduct established by the administration of the institution which I attend.
6. I agree to keep the Foundation advised of my grades and scholastic performance and to obtain and furnish a transcript of grades from the college to the office of the Scholarship Foundation.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Current Street Address

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

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Current Telephone Number

**\*\*\*The information contained in this application becomes the property of the Foundation and will not be shared with anyone outside the Foundation\*\*\***