

**The applicant must complete this application in its entirety. Please do not leave any answers blank. Submission of the signed application affirms that all information in this application, to the best of your knowledge, is correct.**

**Please select which scholarship you are applying for.**

\_\_\_\_\_ **Lincoln William Grant Legacy Scholarship**

\_\_\_\_\_ **Dr. Nancy C. Riley Walton Memorial Scholarship**

**APPLICANT INFORMATION:**

**NAME (Please print):**

\_\_\_\_\_  
**(Last name)**

\_\_\_\_\_  
**(First name)**

\_\_\_\_\_  
**(Middle name)**

**ADDRESS:**

\_\_\_\_\_  
**(Street)**

\_\_\_\_\_  
**(City)**

\_\_\_\_\_  
**(State) (Zip Code)**

**PHONE:**

\_\_\_\_\_  
**EMAIL:**

**DATE of BIRTH:**\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**GENDER:**        **MALE:**\_\_\_\_\_ **FEMALE:**\_\_\_\_\_

**NAME OF PARENT OR GUARDIAN:**

\_\_\_\_\_  
**PARENT, OR GUARDIAN'S ADDRESS and zip code:**

\_\_\_\_\_  
**Home Telephone**

**( )**\_\_\_\_\_ **Cell**\_\_\_\_\_

**NAME(S) OF THE LINCON-GRANT OR WILLIAM GRANT HIGH SCHOOL  
RELATIVE(S) FROM WHOM YOU ARE DESCENDED, OR WITH WHOM YOU ARE  
OTHERWISE AFFILIATED. (Required for Legacy Scholarship Awards only):**

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**ESTIMATED FAMILY ANNUAL INCOME RANGE (Please check one):**

<input type="checkbox"/> Less than \$25,000
<input type="checkbox"/> \$25,000 - \$50,000
<input type="checkbox"/> \$50,000 - \$75,000
<input type="checkbox"/> \$75,000 - \$100,000
<input type="checkbox"/> \$100,000 or more

**OTHER DATA or INFORMATION REQUESTED:**

Each item below requires a response. **PLEASE** answer in complete sentences.

**1. Explain any unusual expenses, debts, or special circumstances (hardship) that are relevant to consideration for this scholarship.**

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**2. List and describe any type of community services performed.**

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**3. List your extra-curricular high school activities below.**

**What effect did they have on your growth? Why did you choose these activities?**

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**I hereby certify that the information provided in this application is, to the best of my knowledge, true and correct. I have not knowingly withheld any facts or circumstances that could otherwise jeopardize consideration of this application. Furthermore, by signing this application, I understand that ALL items required for a complete application must be included with this application in order that I may be considered for a Lincoln/William Grant Legacy Scholarship Award or a Dr. Nancy C. Riley Walton Memorial Scholarship Award.**

**Applicant's Signature:**

\_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name:**

\_\_\_\_\_

**Parent/Guardian's Signature (If applicant is under 18):**

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**DISCLOSURE: The information provided in this application will be disclosed only to the board members of the LINCOLN/WILLIAM GRANT FOUNDATION, INC. as required to determine the applicant's eligibility for this scholarship.**

**PLEASE THOROUGHLY  
REVIEW YOUR ENTIRE  
APPLICATION BEFORE  
MAILING.**