



**LIONS OF SINGLE DISTRICT 10  
SCHOLARSHIP PROGRAM**

Dear Guidance Counselor:

The Lions of Upper Michigan would like to offer the opportunity to help students that may not otherwise be able to qualify for a scholarship or other aide to help further their education.

Enclosed please find a Scholarship Application form along with the rules for qualifying for that Scholarship. Please review these two forms and present this opportunity to all of your students that might be eligible according to the listed criteria. (Students graduating in this year are eligible and previous graduates will also be considered.)

We would appreciate your help in distributing these Applications and assisting the applicants with completion of the Application and accompanying information and the return of all information requested by **APRIL 1**. Please note that applications received missing any information will not be considered for a scholarship, the **letter must contain their diagnosis to be eligible**.

Thank you for all your help. If you have any questions or concerns please don't hesitate to contact me at 906-280-5008.

Sincerely,

Lions of Single District 10  
Scholarship Committee

Lion Jane Lanaville, Chairperson

**APPLICATION AND ACCOMPANYING  
INFORMATION SHOULD BE SENT TO:**

Single District 10 Lions  
Scholarship Committee  
c/o Lion Jane Lanaville  
N16520 Hahn Lane  
Wilson, MI 49896  
Jlanaville67@gmail.com



**LIONS SINGLE DISTRICT 10  
SCHOLARSHIP APPLICATION**

DATE: \_\_\_\_\_ HAVE YOU RECEIVED THIS SCHOLARSHIP BEFORE? \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

PARENT / GUARDIAN: \_\_\_\_\_

ADDRESS OF PARENT / GUARDIAN: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_

ADDRESS OF HIGH SCHOOL: \_\_\_\_\_

GUIDANCE COUNSELOR: \_\_\_\_\_

GUIDANCE COUNSELOR PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

VOCATIONAL / TRADE / COLLEGE / UNIVERSITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

STARTING DATE: \_\_\_\_\_ ESTIMATED COMPLETION DATE: \_\_\_\_\_

**PLEASE ATTACH THE FOLLOWING ITEMS TO THIS APPLICATION –**  
A LETTER FROM YOUR HIGH SCHOOL STATING THAT YOU WILL OR HAVE GRADUATED FROM THAT SCHOOL  
A COPY OF THE LAST GRADES FROM YOUR HIGH SCHOOL  
A LETTER FROM YOU STATING YOUR MAJOR COURSE OF STUDY, THE REASON THAT YOU FEEL YOU QUALIFY FOR THIS SCHOLARSHIP **(BE SURE TO INCLUDE YOUR DISABILITY)** AND ANY COMMUNITY INVOLVEMENT OR VOLUNTEER EXPERIENCE.

**THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY AND ALL ABOVE ITEMS ATTACHED OR THE APPLICANT WILL BE DISQUALIFIED.**

**PLEASE NOTE: APPLICATION AND ACCOMPANYING INFORMATION MUST BE POSTMARKED BY APRIL 1.**

SEND COMPLETED APPLICATION TO:  
LIONS SINGLE DISTRICT 10 SCHOLARSHIP COMMITTEE  
LION JANE LANAVILLECHAIRPERSON  
N16520 HAHN LANE  
WILSON, MI 49896