Lake Forest Property Owners' Association
Scholarship Application
(For Lake Forest Residents Only)
Mail to P.O. Box 1087, Daphne, AL 36526

Name: _____ High School Graduation Date:_____
First Middle Last

Social Security #:_____ Email Address:_____

Home Address: _____
Street City State Zip Code

Phone Number: (___)_____Name of Parent/Guardian:_____

High School:_____High School Address:_____

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GPA (Based on a 4.0 scale):_____

Class Rank:_____

ACT Score:_____ ☐ I did not take the ACT

SAT Score:_____ ☐ I did not take the SAT

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_____ _____
Counselor's Signature Date
(Counselor: In signing this document, you are only verifying that the information contained herein is current and accurate. Your signature is not a recommendation. Please attach a letter of recommendation if you wish to do so.)

_____ _____
Student Applicant's Signature Date

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On the reverse side of this application:

1. Please list your honors, awards and activities which you feel may add to your selection of a scholarship. (You may add additional pages if necessary.)
2. Also list three (3) people we may contact as a reference.

1._____
2._____
3._____
Title First Name Last Name Area Code/Phone Number