

# Lisa Jones Memorial Scholarship Post-Secondary Education

Scholarship Application for the 2020-2021 school year

## 1. Personal Information

Full name of applicant \_\_\_\_\_  
Home/Cell number \_\_\_\_\_ Email address \_\_\_\_\_  
Home address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of birth \_\_\_\_\_

## 2. Family Information

Mother's name _____	Father's name _____
Occupation _____	Occupation _____
Street address _____	Street address _____
City,ST,Zip _____	City,ST,Zip _____
Phone number _____	Phone number _____

## 3. Academic Honors and Activities

a. List academic awards, achievements and dates.

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b. List participation in activities offered at your school.

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c. List participation in community service and extra-curricular activities.

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**4. Academic Information** (include most recent High School Transcript in sealed envelope)

GPA: \_\_\_\_\_

Which institution do you plan to attend? \_\_\_\_\_

Estimated tuition cost/semester: \_\_\_\_\_

**5. Essay** (Attach a typed one-page, double-spaced essay)

How have you shown determination, perseverance, and independence in your life?

**6. Physician Verification** (attach a written and signed verification from a physician that the person applying for this scholarship was born with Spina Bifida.)

**Student Verification:**

**In submitting this application, I certify that the information provided is accurate to the best of my knowledge. Further, I certify that I meet the intent of the scholarship fund as stated in its guidelines. I understand that falsification of any information may result in the termination and forfeiture of a scholarship if one is granted to me.**

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

**Deadline for applications: May 15, 2021**

Please scan application materials and email to [pepiotc@gmail.com](mailto:pepiotc@gmail.com) or mail to:

Christine Pepiot  
Post-Secondary Education Scholarship  
210 Kerry Court  
Carmel, IN 46032

If you have any questions contact Christine Pepiot at [pepiotc@gmail.com](mailto:pepiotc@gmail.com) or call 317-679-4523.