



# Limited Scholarship Program

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES  
 Completeness and neatness ensure your application will be reviewed properly.

FOR LFSA  
 USE ONLY

I.D. #	AA	PD	RIC/CS	GPA	SATCR	SATM	SATW	ACTC	TOTAL

APPLICANT  
 DATA

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Permanent Home \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Apartment # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Email Address \_\_\_\_\_

Please indicate your status. (For statistical purposes only)     Male     Female     Married     Unmarried

American Indian/Alaska Native     Black/African American     Multi-Racial     White  
 Asian     Hispanic/Latino     Native Hawaiian/Pacific Islander

EMPLOYEE  
 PARENT  
 OR  
 GUARDIAN  
 INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Employee ID # \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Date of Hire: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_  
 Job Title \_\_\_\_\_ Department \_\_\_\_\_  
 Company Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Relationship to Applicant \_\_\_\_\_

HIGH  
 SCHOOL  
 DATA

School Name \_\_\_\_\_ High School Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

POST-  
 SECONDARY  
 SCHOOL  
 DATA

Name of postsecondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.)  
 Use official school names. Do **not** use abbreviations.

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

4 yr. College or University     2 yr. Community or Junior College  
 Vocational-Technical School     Other, explain \_\_\_\_\_

Year in school **next** year:    1    2    3    4    5    or    Graduate Study

Major or course of study \_\_\_\_\_ Expected college graduation date: Month \_\_\_\_\_ Year \_\_\_\_\_

Degree sought:     Bachelor     Associate     Certificate     Other, explain \_\_\_\_\_

Sending a résumé does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

**WORK EXPERIENCE**

Describe your work experience during the **past four years** (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate **number of hours worked** each week.

Employer/Position	From - Mo/Yr.	To - Mo/Yr.	Hours per Week	Were you paid for your work?
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO

**ACTIVITIES, AWARDS AND HONORS**

List all school activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the **past four years** (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held. **Indicate whether high school or college activities.**

Activity	No. of Years Partic	Special Awards, Honors	Offices Held	Activity	No. of Years Partic	Special Awards, Honors	Offices Held

**GOALS AND ASPIRATIONS**

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

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**UNUSUAL CIRCUMSTANCES**

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

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**APPLICANT APPRAISAL (REQUIRED)**

To the Applicant: This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a high school or college counselor or advisor, an instructor, or a work supervisor who knows you well.

To the Adult Appraiser: *You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.*

The applicant's choice of a postsecondary educational program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and/or community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Appraiser's Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_  
Signature \_\_\_\_\_ Organization \_\_\_\_\_ Date \_\_\_\_\_

**TRANSCRIPT INFORMATION**

Any pertinent SEALED transcripts/grades may be needed if candidate is eligible for scholarship. LFSA will cover any/all fees and costs therein for SEALED transcripts if candidate is eligible for scholarship.

1. Students currently or previously enrolled in college or vocational-technical **school** include all college or vo-tech transcripts of grades from each school attended. Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken. (Completion of high school information below is not necessary.)
2. High school seniors and students who have completed less than one full quarter or semester of postsecondary education include a high school transcript of grades.

**APPLICATION DEADLINES**

**The student is responsible for submitting all materials to Lupus Foundation of Southern Arizona.**

All materials must be mailed or emailed to:

**Limited Scholarship Program**  
Lupus Foundation of Southern Arizona  
4602 E Grant Rd, Tucson, AZ 85712  
Email to: [scholarships@lupus-az.org](mailto:scholarships@lupus-az.org)

**CERTIFICATION**

Lupus Foundation of Southern Arizona has the sole responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of Lupus Foundation of Southern Arizona. (It is recommended you keep a copy for your files.)

*I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. I will provide proof of information, including an official transcript of grades and treating physician verification. Falsification of information may result in termination of any award granted.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_