



## New Scholarship Form

Name of Scholarship: \_\_\_\_\_

Amount of Scholarship\*: \$ \_\_\_\_\_

Will the Scholarship continue yearly? Yes \_\_\_\_\_ No \_\_\_\_\_

Scholarship Criteria:

\_\_\_\_\_

Contact Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**Mail completed form and check to:**

*Lakewood Education Foundation*

*Attn: LEF Treasurer*

*PO Box 55*

*N. Lakewood, WA 98259*

\*Make checks payable to *Lakewood Education Foundation*