



MEDICAL
ASHTON LIONS CLUB
SCHOLARSHIP APPLICATION

Name: _____ Date: _____

Please type or print legibly your answers to the following questions. If you need additional space for your reply, use the reverse of this sheet or additional sheets.

1. Parents' name(s), occupation and number of members in your family.
2. Give grade average and standing in your graduating class.
3. Please give reasons for selecting your particular area of study. Also state if you have been accepted by a school.
4. State activities in which you have been involved within the community and in school.
5. Please tell us why you feel that you should receive the Ashton Lions Club Scholarship.

Applicant' Signature: _____