



Lilly George Isaac Scholarship

P.O. Box 651 • Bryan, Ohio, 43506 • Phone: 419-633-1156

Scholarship Application: *IMPORTANT! Please attach a senior photograph to your scholarship application.*

Today's Date:

A. Demographic Information

Full Name	Last	First	Middle
Mailing Address			
City, State, Zip			
Phone	Permanent Email		
High School			
Graduation Year			
Social Security Number (Last 4 digits)			
College Attending			
Intended Major			

High School Guidance Counselor Must Complete This Section

Student GPA: _____ Student Class Rank: _____ of _____ Student ACT Score: _____

Signature of Counselor: _____ Date _____ Phone # _____

B. Financial Need Information

This Scholarship takes into account financial need. An objective measure of need is the Student Aid Index (SAI) as measured by the Free Application for Federal Student Aid (FAFSA) form.

IMPORTANT: You will be expected to provide your family's SAI if you want to be considered for this scholarship. If possible, please attach a copy of your FAFSA.

My Student Aid Index (SAI) from FAFSA is: \$

C. Unique Scholarship Section

- Are you a member of St. George Antiochian Orthodox Church? NO YES If yes, how many years?
- Have you participated in the Church's youth program? NO YES If yes, how many years?
- Have you submitted one teacher recommendation and one additional recommendation from a non-family member? NO YES
All applicants are expected to provide two recommendations. One from a teacher and one from a non-family member.

D. Scholarship Questions

1. Please explain why you are interested in your intended major and what your plans are after graduating from college:

2. Discuss your leadership capabilities, past accomplishments, extra-curricular activities, community involvement and work experience:

3. List any honors or awards you have received:

4. List any scholarships or grants that you have received or know that you will be receiving:

E. Attestation and Grant of Release

Attestation:

I attest that the information contained in this application is true and complete to the best of my knowledge.

Signature of Applicant

Grant of Release:

I hereby grant the Bryan Area Foundation permission to use the information supplied regarding my high school class rank, college preparatory test scores (such as ACT), and other academic-related information contained herein. I understand the information gathered by the Bryan Area Foundation for determining eligibility for various scholarships may be disclosed to members of the scholarship committee and the representative of the donor family. Photos that are submitted must be the sole property of entrant and entrant must have all rights to reproduce and distribute the photo submitted. I understand the photo(s) may be used by the Foundation for future advertising, on our website, or any other kind of promotional material.

Signature of Applicant

Signature of Parent or Legal Guardian