



**Mansfield Lions Club
Gene Goll Memorial
Junior Achievement Award
Scholarship Application**

APPLICATION COVER SHEET

Name of Applicant: _____
LAST NAME FIRST NAME MIDDLE NAME

Year in School Current GPA: _____ Contact Phone # _____

Name of Parent or Guardian: _____

Applicant Mailing Address: _____

Town, State & Zip Code: _____

STATEMENT OF RESPONSIBILITY

I hereby acknowledge that the information provided within this application is true to the best of my knowledge and ability. If I am awarded this scholarship, I understand that payment of the award is contingent upon my enrollment and acceptance into a post-secondary educational institution. I understand that it is my responsibility to notify the Mansfield Lions Club of my enrollment in such post-secondary institution so that payment of the scholarship can be arranged with the institution I have chosen to attend.

Date

Signature