



MANSFIELD LIONS CLUB

Graduating Senior Continuing Education Scholarship Application

APPLICATION COVER SHEET

NAME IN FULL: _____

ADDRESS: _____

NAME OF PARENTS: Mother: _____

 Father: _____

OTHER FAMILY MEMBERS WHO ARE DEPENDENT UPON YOUR PARENTS SUPPORT OR
YOUR SUPPORT DURING THE NEXT YEAR: _____

HIGH SCHOOL SENIORS (Continuing Education Skips This Section)

GRADUATION DATE: _____ ACCUMULATIVE GPA: _____

CLASS SIZE: _____ RANK IN CLASS: _____ SENIOR GPA: _____

ACCUMULATIVE CLASS GPA: _____

CONTINUING EDUCATION APPLICANTS (High School Senior Skips This Section)

ESTIMATED GRADUATION DATE: _____ ACCUMULATIVE GPA: _____