

Lower Dauphin Boys' Lacrosse Booster Club Kenny Ameigh Scholarship Application

1. Student's Date of Birth: _____ / _____ / _____
(Month) (Day) (Year)

2. Student's Name: _____
(First) (MI) (Last)

3. Student's Home Phone: (____) _____

4. Student's Permanent Mailing Address:

(Number and Street)

(City, State, Zip)

5. E-mail: _____

6. Father: _____ Mother: _____

7. Guardian's Name: _____

8. Father's work phone: (____) _____

9. Mother's work phone: (____) _____

10. Institutions where applicant has applied and/or been accepted:

Institution applied to:

(Course of Study)

Accepted:

Yes No Pending

Yes No Pending

Yes No Pending

(Degree Sought)