

ZACH VANCE MEMORIAL BAND SCHOLARSHIP

TO BE COMPLETED BY APPLICANT

Name of Applicant _____
first name middle name last name

Address _____
street

_____ city/town state zip

Telephone – Home _____ Telephone – Cell _____
area code number area code number

Email _____ Date of Birth _____
month day year

I hereby apply for the Zach Vance Memorial Band Scholarship for the academic year beginning:

_____ month year

To be used at:

Name of 2yr or 4yr institution _____

Address _____
street

_____ city/town state zip

The information given in this application I affirm to be true and complete.

Signature of Applicant date

I hereby consent to the filing of this application and accept the previously mentioned Rules of Eligibility.

Signature of Parent of dependent son or daughter date

ZACH VANCE MEMORIAL BAND SCHOLARSHIP

TO BE COMPLETED BY LCHS OFFICIALS

Name of Applicant _____
first name middle name last name

Applicant Date of Birth _____
month day year

Cumulative average _____ Rank in Class _____ , _____
number from top number in class

I certify that the person named above is a senior at LCHS in good standing.

Signature of LCHS Counselor date

I certify that the person named above is an active member in good standing of the LCHS Band.

Signature of LCHS Band Director date