

**THE JARED LUTZ MEMORIAL
SCHOLARSHIP APPLICATION**

APPLICATION DATE (mm/dd/yyyy): _____

STUDENT

Name: _____

Date of Birth: _____ Student I.D.(from college) _____

Address: _____

Phone: _____ Email: _____

Years Attended Liberty High School: _____

Expected Graduation Date: _____

Cumulative G.P.A.(Weighted) _____ (Non-Weighted) _____

FAMILY INFORMATION (or Guardian if applicable)

	<u>Mother</u>	<u>Father</u>
Names:	_____	_____
Address(es):	_____	_____
Occupation:	_____	_____
Number of Children in Family and Ages: _____		

EDUCATIONAL INSTITUTION

Accepted by _____
(Name of Institution)

(Location)

1. Please attach your unofficial transcript to this application. Please write scores in spaces provided; not, "see attached".
2. Please list your activities at your high school, community (including service clubs or projects), sports, civic groups and church activities in which you have taken part.
3. Please attach a Letter of Recommendation from a teacher, coach, or group or church leader.
4. Please attach a two page essay explaining your interest in nursing, their commitment to earning a college degree and how participation in community service/charity work influenced their pursuit of a degree in nursing. The document format should be typed, double-spaced and in Times New Roman or Calibri font.

**The complete application package should be returned by May 15th to
The Community Foundation of Carroll County, 255 Clifton Blvd. Suite 313, Westminster, MD 21157
Please include all attachments for your application to be considered.
A Scholarship Fund of the Community Foundation of Carroll County, Inc.**