



THE JEROME K. LEWIS, SR. MEMORIAL SCHOLARSHIP FUND

(All information provided is confidentially and solely for the use of the Scholarship Committee for reviewing, ranking and distribution of funds)

Type or print legibly. Otherwise, points will be deducted.

_____ Male _____ Female _____ Other _____ Grade _____ Age

Birthdate _____

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY/STATE ZIP CODE

Current School Year _____ School _____

Current GPA _____ ACT Score _____ SAT Score _____

Legal Father's Name _____ Occupation _____
LAST FIRST MIDDLE

Place of Employment _____ Cell Phone _____

Home Phone _____

Legal Mother's Name _____ Occupation _____
LAST FIRST MIDDLE

Place of Employment _____ Cell Phone _____

Home Phone _____

Parent's Education (Mother) _____ (Father) _____

Are Legal Parents Living? Father _____ Mother _____

College you will be attending _____

NAME

ADDRESS

Intended Major Area:

_____ ARTS

_____ BUSINESS

_____ ENGLISH

_____ MATHEMATICS

_____ SCIENCE

_____ COMPUTER SCIENCE

_____ EDUCATION

_____ OTHER

Career Options

_____ EDUCATION

_____ BUSINESS

_____ LAW

_____ MEDICINE

_____ GOVERNMENT

_____ INDUSTRY

_____ OTHER

Honors and Awards Received _____

Achievements in the Arts (*If applicable*) _____

Extracurricular Activities (*including church affiliation*)

Please return this form to:

Wanda Austin-Lewis

wanda.a78@yahoo.com

Or

Upload Copy to website to:

<https://www.lewisscholarshipfoundation.com/>



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EST. 2023