

**LOTTIE L. KYLE MEMORIAL SCHOLARSHIP & EDUCATIONAL FUND
SCHOLARSHIP APPLICATION**

(REVISED JULY 2008)

Name and Address(In full): _____

Graduated from _____
Year _____ Total Marks _____

Plan to Enter _____
(School, Hospital, University)

Plan to Take _____

Fraternal Relationship

Member of _____ Chapter, No. _____

Mother, Member of _____ Chapter, No. _____

Father, Member of _____ Chapter, No. _____

Grandparent, Member of _____ Chapter, No. _____

Family Background

Father _____ Occupation _____

Mother _____ Occupation _____

Number of Siblings _____ Boys _____ Girls _____

Number of Siblings in Public School _____

Number of Siblings in Advanced Education _____

Date of Birth _____
Day Month Year

Letters of recommendations enclosed from Principal of School and 2 others as to moral character and scholastic ability:

- 1) _____
- 2) _____
- 3) _____

I declare I am in need of financial assistance to further my education.

Date _____ Signature of Applicant _____

Verified and approved by _____
Worthy Matron Chapter

Secretary Chapter

Chapter Seal

Reviewed by the Lottie L. Kyle Committee

On _____ 20 _____

Approved for a Scholarship of \$ _____

Chairperson _____

Received _____ 20 _____