MILITARY ROAD SCHOOL DONNESSA LUCAS MEMORIAL SCHOLARSHIP FUND AWARD APPLICATION FORM

Please print all information clearly

Name:				
(last)	(first)		(middle initial)	
Home Address:*				
(stre	eet address or P.O. Box No.)		
(city)	(state)		(zip code)	
Home Telephone No. ()	Alternate No.()	
Email address:		Date of birth:	/	/
Name of college you plan to				
College Address *				
(stree	t address)	(city, state & zi	p code)	
Declared/Intended Major _	De	clared/Intended Min	or	
Name of high school gradu	ated from:		(ye	ar)
Current grade point averag	e:	(official transcript m	nust reflect gra	ading period)
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Required References & S	tatement:			
(1) Attach <u>three</u> reference teacher/professor with <u>curre</u> include counselors or comr the capacity in which they h	ent knowledge of you munity representative	ur academic capabili es. All <u>must</u> identify t	ties and the of	thers may
(2) Provide a 500-word pera. Life and educationalb. Challenges you havec. Describe how this series	al goals ve faced and overcor	ne	·	
Optional School-Related	Activities Informati	on:		
List, with dates, school-rela	ted activities (athletic	cs, clubs, music prog	grams, yearbo	ok staff, etc.):

^{*} Applicant must be a permanent resident of the Washington, D.C. Metropolitan area and attend an accredited college or university located within the United States. Also, first-time applicants may be requested to schedule a virtual interview with the Scholarship Committee as part of the screening process.

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List, with dates, any leadership role(s) in the ac Secretary, Captain, etc.):	tivities noted (e.g. President, VP, Treasurer,
List, with dates, academic honors (National Hon	or Society, Honor Roll, etc.):
List, with dates, community-related activities, wo and any MRSPT programs, activities, or events	
Provide any additional information you would like	ke to have considered:
Applicant's Signature	
Parent / Guardian's Name (printed)(if applicant is under 18 years of age)	
Parent / Guardian's Signature	Date:
Mail completed application, references and personal official high school or college transcript to:	onal statement, together with your most recent

M.R.S.P.T.

Post Office Box 56425

Washington, D. C. 20040-6425

Please direct any inquiries about this application or the submission process to: thelasax@aol,com