Scholarship Application Dr. Adrian R. Lawler Exchange Student Scholarship

Name					
Address					
City		State		_ Zip	_
Phone					
Date of Birth					
Name of Parents/	Guardians				_
Address					
City		_ State	Z	Zip	
Phone					
Applicant's Schoo	l/College				
Year in School/Co	ollege				
Briefly describe yo	our proposal for use	e of scholars	hip fun	nds	
Amount of scholar	rship you are seeki	ng			
Checklist:					
 One page es Brief resume	ssay e				
 Three refere 	ences				
				al ability to travel abroad k Ridge schools and certificatior	n of
a grade ave	rage of B+ (3.50)		it iii Oai	K rriago soriodio aria cortinoation	. 0.
 Signed Rele 	ease of Liability er college transcript	(if applicable)			
	ption of Study Abroa			ttending	
Please return to:	Jessica Steed	Soboolo Educ	ootion F	Foundation	
	Oak Ridge Public P.O. Box 117 MS		Janon F	-oundation	
	Oak Ridge, TN 37	7831			

Deadline: March 6, 2015