



# Lowell Benedict Memorial Scholarship

Submit application to:  
**MVHS Counselor**

Scholarship Amount:  
Application Deadline:

**\$ 1,000.00**  
**2nd Friday in April**

## Applicant Information

Name \_\_\_\_\_ Today's Date (mm/dd/yyyy) \_\_\_\_\_

\_\_\_\_\_ out of \_\_\_\_\_  
Class Rank Cumulative GPA Composite ACT® Score

List your leadership and extra-curricular activities: (500 characters, or attach sheet)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your college plans / anticipated major: (500 characters, or attach sheet)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever worked for Benedict's? (check one)  No  Yes  
If yes, list your job title \_\_\_\_\_

## Disclaimer and Signature

*\*\* Print this application to sign, date and submit as indicated above. \*\**

I certify that the above information disclosed in this application is true and accurate to the best of my knowledge. I agree to abide by the decision(s) of the scholarship committee, and understand that decisions are final and not open to contest. A false statement, alteration or omission of pertinent information from this application will be considered just cause for removal of application from scholarship consideration.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_