

Luxembourg Brotherhood of America 83rd Annual Schobermesse Scholarship Application Deadline June 5th, 2019

To be eligible for the scholarship you must meet all requirements as stated in the Scholarship Requirements document. This document can be viewed or downloaded from the LBA website <http://www.luxbrotherhood.org>. All applicants are invited to attend the Schobermesse but need not be present to win.

Applicant Information

Name _____
 Home Address _____
 City _____ State _____ Zip _____
 Phone _____ Email Address _____
 Date of Birth _____ Parent(s)/Guardian(s) _____
 Member of LBA Section # _____

Name of College of Attendance _____
 College Address _____
 Year of Expected Graduation: _____ Major _____
 Current Class Standing: High School Senior **or**
 Year in College: 1 2 3 4

- Activities:** List activities, organizations, community service or creative work, in which you have participated. Include any offices you have held, honors you have received, and any other information you consider relevant, e.g. represented Luxembourg in a parade

Activity/Organization	Office/Honor/Involvement	Date

If additional space is needed, use a separate sheet of paper and attach it to this form.

- Additional Information:** Anything you would like the judges to know regarding your application

If you send this in via email, typing in your name and your parent/guardian name will be deemed your signature. Otherwise please sign your names below.

Disclosure

I certify that the information provided in this application is, to the best of my knowledge, true and correct. I have read and confirmed that I satisfy all the scholarship requirements. I have not knowingly withheld any facts or circumstances that could otherwise jeopardize consideration of this application. If selected to receive a scholarship, I give permission for the release of application materials for promotional purposes. I understand that if the committee determines I do not meet all the eligibility requirements, either before or after the scholarship is awarded, my application will not be considered and/or my award will be forfeited.

Signature of Applicant

Date

I certify that the information provided in this application is, to the best of my knowledge, true and correct I have not knowingly withheld any facts or circumstances that could otherwise jeopardize consideration of this application.

Signature of Parent/Guardian

Date

*Parent/Guardian signature required for applicants under the age of 18