



# Luxembourg Brotherhood of America 84<sup>th</sup> Annual Schobermesse Scholarship Application Deadline July 5<sup>th</sup>, 2021

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/Trade School of Attendance \_\_\_\_\_

School Address \_\_\_\_\_

Year of Expected Completion: \_\_\_\_\_ Major/Cert \_\_\_\_\_

Current Class Standing: High School Senior      **or**

Year in College: 1    2    3    4

**Luxembourg related activities:** Please list any Luxembourg-related activities you have participated in (i.e. LBA Section meetings, march in Luxembourg parade, volunteered at a Luxembourg related event, dual citizen, etc)

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

If you send this in via email, typing in your name and your parent/guardian's 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