

**Kent Cornucopia Days**  
**A Kent Lions Club Project**  
P.O. Box 5094 Kent, Washington 98064 Telephone (253) 852-LION  
**Kent Cornucopia Days Scholarship Program**  
**Application**

Please print or type, and complete all questions.

NAME (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

ADDRESS \_\_\_\_\_

BIRTHDATE (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PARENTS/GUARDIANS: Mother (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Father (First) \_\_\_\_\_ (Last) \_\_\_\_\_

**EDUCATION**

CURRENT SCHOOL \_\_\_\_\_ CLASS; \_\_\_\_\_

HIGH SCHOOL GRADUATE (Yes or No) \_\_\_\_\_ If yes, NAME \_\_\_\_\_

SCHOOL ATTENDING IN FALL, 2015 \_\_\_\_\_

GPA \_\_\_\_\_ MAJOR \_\_\_\_\_ MINOR \_\_\_\_\_

Transcripts must be turned in by June 15, 2015

**COMMUNITY SERVICE PROJECT**

Name of Service Project \_\_\_\_\_

**FACT SHEET**

Please attach a one page fact sheet (typed) addressing the following areas:

- Education
- Career ambition
- Other Facts/Accomplishments

**REFERENCE LETTER**

Please attach a one page reference letter from someone who knows you well and is not a relative.

*Emergency Contact Information:*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

I hereby certify that I am capable of performing the duties and carrying out the responsibilities of Miss Cornucopia/Royal Ambassador and that all of the information on this application is true and correct to the best of my knowledge. I also understand that if I am awarded any scholarship funds, that I must request those funds no later than September 1, 2016, or the funds will revert to the Kent Lions Foundation.

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

Parent/Guardian Signature (If under age 18) \_\_\_\_\_ (Use

other side for additional information.