



(A Non-Profit Organization)

2024 Application for College Scholarship

Applicant must be of Lebanese or Syrian descent and reside in the Greater Cleveland area

Name: _____

Address: _____ City/State/Zip: _____

Phone No.: _____ Parent Phone No.: _____

E-Mail: _____ Parent E-Mail: _____

Father's Name & Full Nationality: _____

Mother's First & Maiden Name & Full Nationality: _____

Paternal Grandparents Name & Full Nationality: _____

Maternal Grandparents Name & Full Nationality: _____

Are you related to a member of this League? Yes/No

If so, who and how? _____

Name & Full Address of High School: _____

High School Phone No.: _____

Principal's Name: _____

Guidance Counselor's Name: _____ Counselor E-Mail: _____

Number in graduating class and your rank: _____ Member of NHS? Yes/No

College you expect to attend: _____

Proposed Major Field of Study: _____

Projected Date of Admission to College: _____

Have you been employed during the school year or summer? Yes/No

If so, where? _____

Honors or Awards you have received: _____

Community and Church organizations you participate in or volunteer for: _____

Extracurricular activities you have participated in and offices held: _____

Signature

Date

(PLEASE SEE PAGE TWO)

In 200-250 words, write a brief autobiography highlighting your senior year of high school, your plans for the future, and the role your Lebanese and/or Syrian heritage has played in your personal development. Please attach your autobiography to this application.

Applications must be returned via email to LSAJLScholarship@gmail.com or to the address listed below and must be received electronically, hand delivered, or postmarked by March 31, 2024. No applications will be accepted after this date. Applications will be accepted from students or schools electronically with verification of sender from official school email address or secure site. A complete application includes the following:

- This application form (two pages) You may attach up to 1 additional page or resume to elaborate.
- The autobiography
- An official (**sealed**) copy of your high school transcript (secure electronic delivery from school will be accepted)
- An official copy of your SAT or ACT scores (through high school transcript is acceptable or note if not taken)
- Two letters of recommendation (at least one from a current teacher on school letterhead)
Recommendation letters need to be dated and signed or received from sender's official school account.
- Current photo

The scholarships will be awarded at the Scholarship Presentation June 5, 2024. It is recommended that students attend the presentation or send a representative.

The information requested in this application will be considered strictly confidential. It is reviewed by an independent panel of judges with no affiliation to the Lebanese Syrian American Junior League. If mailing, please send **FULLY COMPLETED** applications to:

LSAJL Scholarship 2024
c/o 1818 Cypress Ave.
Cleveland, OH 44109-4412

Any questions can be directed to **Karen Haddad Zitouni**, Second Vice President Scholarship Chairwoman
(440) 390-0441

E-Mail: LSAJLScholarship@gmail.com

HOLD HARMLESS CLAUSE

Please Read, Sign & Date:

The LSAJL Scholarship participation guidelines are enclosed with this application form. By signing, the undersigned acknowledges receipt of the guidelines and agrees to abide by such. The undersigned also agrees to waive all personal claims, causes of action, or damages against the Lebanese Syrian American Junior League, its Board members, officers or associates thereof, arising from or growing out of their participation in the LSAJL Scholarship program. In addition, the undersigned agrees to allow his/her name and/or likeness to be used for publicity purposes should he/she be awarded a scholarship.

My signature confirms that I have read, understand, and agree to the terms and conditions of this application and that all information provided on this application is correct. I also understand that said information is regarded as confidential and for the exclusive use of the LSAJL Scholarship Committee for the purpose of determining scholarship awards.

Student Signature: _____ Date: _____

Parent/Guardian Signatures: _____ Date: _____
_____ Date: _____