

**LOTTIE L. KYLE MEMORIAL SCHOLARSHIP & EDUCATIONAL FUND  
SCHOLARSHIP APPLICATION**

(REVISED JULY 2008)

Name and Address(In full): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Graduated from \_\_\_\_\_  
Year \_\_\_\_\_ Total Marks \_\_\_\_\_

Plan to Enter \_\_\_\_\_  
(School, Hospital, University)

Plan to Take \_\_\_\_\_

**Fraternal Relationship**

Member of \_\_\_\_\_ Chapter, No. \_\_\_\_\_

Mother, Member of \_\_\_\_\_ Chapter, No. \_\_\_\_\_

Father, Member of \_\_\_\_\_ Chapter, No. \_\_\_\_\_

Grandparent, Member of \_\_\_\_\_ Chapter, No. \_\_\_\_\_

**Family Background**

Father \_\_\_\_\_ Occupation \_\_\_\_\_

Mother \_\_\_\_\_ Occupation \_\_\_\_\_

Number of Siblings \_\_\_\_\_ Boys \_\_\_\_\_ Girls \_\_\_\_\_

Number of Siblings in Public School \_\_\_\_\_

Number of Siblings in Advanced Education \_\_\_\_\_

Date of Birth \_\_\_\_\_  
Day Month Year

**Letters of recommendations enclosed from Principal of School and 2 others as to moral character and scholastic ability:**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**I declare I am in need of financial assistance to further my education.**

**Date** \_\_\_\_\_ **Signature of Applicant** \_\_\_\_\_

**Verified and approved by** \_\_\_\_\_  
**Worthy Matron** **Chapter**

\_\_\_\_\_  
**Secretary** **Chapter**

**Chapter Seal**

**Reviewed by the Lottie L. Kyle Committee**

**On** \_\_\_\_\_ **20** \_\_\_\_\_

**Approved for a Scholarship of \$** \_\_\_\_\_

**Chairperson** \_\_\_\_\_

**Received** \_\_\_\_\_ **20** \_\_\_\_\_