



THE CARL J. & BERNICE E. MUENCH SCHOLARSHIP
(Lancaster Scholarship Foundation, Inc.)
\$1000



The Carl J. and Bernice E. Muench Scholarship is awarded to a LHS senior who will be continuing their education in the field of:

Primary Consideration: Medical field of any kind. whether this be as a physician, nurse, dentist, dental technician, practical nurse or any other health related field.
Demonstrate financial need as well as motivation and the ability to pursue education in one of the above-listed fields.

CRITERIA:

1. Applicant must be a full-time senior at Lancaster High School who has completed their last two years at LHS.
2. Applicant must be enrolled in any college, university, vocational technical or other trade or professional school that the district deems suitable.

APPLICATION REQUIREMENTS:

- Submit the completed application by the announced deadline.
- Attach at least one letter of recommendation.
- Include a high school transcript and Laude Form with your application.

SELECTION:

Scholarship recipients will be chosen by the Lancaster Scholarship Foundation Committee.

PAYMENT:

The scholarship recipient will receive payment after successfully completing their first semester of post-secondary education and providing proof of full-time enrollment for the second semester at an accredited college. Successful completion of the first semester is defined as completing a minimum of 12 credit hours and maintaining good academic standing (not being on academic probation or dismissed from school). Extenuating circumstances will be considered on an individual basis.

*All pages in this application packet must be **single-sided**. Additional information that does not fit within the space provided on the form may be submitted on a separate sheet.
Please use **paper clips** to keep pages together – **do not staple**.*



THE CARL J. & BERNICE E. MUENCH SCHOLARSHIP APPLICATION FORM



Name:	Address:
Parent(s) Name:	
College You Plan to Attend:	
Major/Program You Plan to Take:	
Have You Applied?	Have You Been Accepted?

Note: Right click to insert more rows if needed or submit a separate document.

Community Service Activities	Dates
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Work Experience	Dates
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Extracurricular Activities/Organizations	Dates
_____	_____
_____	_____
_____	_____
_____	_____

Leadership Positions	Dates
_____	_____

Honors & Awards	Dates
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I submit that the information contained on this application is true and accurate to the best of my ability.

_____ Applicant's Signature	_____ Date
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