



**NELL SCHLEICHER MEMORIAL SCHOLARSHIP**  
*(Lancaster Scholarship Foundation, Inc.)*  
**\$500**



The Nell Schleicher Memorial Scholarship is awarded to a LHS senior who will be continuing their education in the field of:

Primary Consideration: Healthcare, i.e. nursing, pre-medicine, pharmacy, therapy, etc. Demonstrate financial need as well as motivation and the ability to pursue education in one of the above listed fields.

Secondary Consideration: Applicants who exhibit citizenship, community involvement and work ethic.

**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 a four-year college or two-year technical college.

**APPLICATION REQUIREMENTS:**

- Submit the completed application by the announced deadline.
- 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**.*



# NELL SCHLEICHER MEMORIAL SCHOLARSHIP APPLICATION FORM



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

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

<b>Community Service Activities</b>	<b>Dates</b>
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<b>Work Experience</b>	<b>Dates</b>
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<b>Extracurricular Activities/Organizations</b>	<b>Dates</b>
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<b>Leadership Positions</b>	<b>Dates</b>
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<b>Honors &amp; Awards</b>	<b>Dates</b>
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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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