## **THE KELLEY SCHOLARSHIP APPLICATION 2024**

ROBERT E. & MERRY J. KELLEY SCHOLARSHIP FUND FOR LISBON HIGH SCHOOL

## **ELIGIBILITY REQUIREMENTS**

- Graduating from Lisbon High School, Lisbon, Iowa
- Planning to attend a fully accredited nonprofit or public college or university as a full-time student

AWARD AMOUNT: \$1,000 renewable for three additional years

## CRITERIA FOR SCHOLARSHIP SELECTION

- academic achievement
- outstanding leadership
- exemplary citizenship

Please write legibly:

service to the school and community

Completed application must be received at the Lisbon Counselor's Office by 4:30 pm on Wednesday, February 15, 2024.

| Last Name:   | First Name:  |
|--|--|
| Address:   |  |
| City, State, Zip:  |  |
| Email address (prefer non-school if availab  | le):   |
| Student cell phone:  | Parent phone:  |
| College planning to attend:  |  |
| Planned major field of study:  |  |
| ,  | on a separate sheet describing your personal aspirations, educational and ifications related to the scholarship requirement(s) and criteria.   |
| knowledge and understand that false info<br>for a Greater Cedar Rapids Community For<br>Agreement Form and return it to the Con<br>agreement, my scholarship funds will be | nat the information contained therein is true and complete to the best of my rmation or omission of data may result in denial of my application. <i>If chosen oundation scholarship award, I agree to complete the Scholarship Recipient's mmunity Foundation office. I understand that if I do not return a completed awarded to the selected alternate.</i> I also agree that my name can be used in a Foundation regarding the particular scholarship(s) for any scholarship that I |
| Signed:  | Date:  |