

**Peter E. Hyland Center  
Scholarship Application**

Date: \_\_\_\_\_

Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Applicant's Place of Employment: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

If applicable, Spouse's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Number in Family at Home: \_\_\_\_\_ Number of Children: \_\_\_\_\_ Number of Adults: \_\_\_\_\_

Number in College: \_\_\_\_\_

Are you currently enrolled at Lee College? \_\_\_\_\_

College you plan to attend: \_\_\_\_\_

What do you plan to study? \_\_\_\_\_

What career do you expect to follow? \_\_\_\_\_

How do you plan to finance your education? \_\_\_\_\_

Have you received a scholarship to any college? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what college? \_\_\_\_\_

*Please attach a short essay (500 words or less) on why we should award the Peter E. Hyland Center Scholarship to you. Discuss your goals for the future in your essay.*

**TEACHER EVALUATION FORM  
FOR  
SCHOLARSHIPS**

- To be completed in addition to the general scholarship application form.
- To be given to three (3) individual teachers by interested students.

Applicant's Name: \_\_\_\_\_

**EVALUATION SHEET**

Please circle:

1.	Cooperation	Excellent	Good	Fair	Poor
2.	Dependability	Excellent	Good	Fair	Poor
3.	Appearance	Excellent	Good	Fair	Poor
4.	Conduct	Excellent	Good	Fair	Poor
5.	Attendance	Excellent	Good	Fair	Poor
6.	Attitude	Excellent	Good	Fair	Poor
7.	Initiative	Excellent	Good	Fair	Poor

Would you recommend this student for a scholarship? Yes \_\_\_\_\_ No \_\_\_\_\_

Please make any comments on the strengths and weakness of this student:

Teacher's signature: \_\_\_\_\_

*Please return to Mrs. Chapa in the office.*

**Do not return to the student**

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