

## MEMBERSHIP APPLICATION

### THE LINCOLN/WILLIAM GRANT SCHOLARSHIP FOUNDATION, INC., COVINGTON, KENTUCKY

Your Name (Please print):

Last Name	First Name	Middle Name	Maiden Name
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Current address:

City:	State:	ZIP Code:
E-mail address:	Home Phone: (    )	Cell Phone: (    )

#### PRIOR AFFILIATION WITH LINCOLN-GRANT OR WILLIAM GRANT HIGH SCHOOL\*

Did you attend Lincoln-Grant School?	Yes	No	If so, how long?
Did you attend William Grant High School?	Yes	No	If so, how long?
If you graduated from Wm Grant HS, please list your year of graduation.	Year of graduation:		
If you are a graduate of another high school, please list the name of the high school, its location, and your year of graduation.	Name of High School		Year of graduation
*PLEASE NOTE THAT ATTENDANCE AT LINCOLN-GRANT OR WILLIAM GRANT HIGH SCHOOL IS <u>NOT</u> REQUIRED FOR FOUNDATION MEMBERSHIP.	Location (City & State)		

#### LEVEL OF MEMBERSHIP REQUESTED (PLEASE CHECK THE APPROPRIATE MEMBERSHIP LEVEL):

- ONE-YEAR RENEWABLE MEMBERSHIP (JANUARY 1, 2020 – DECEMBER 31, 2020) - \$20.00**  
 **THREE-YEAR RENEWABLE MEMBERSHIP (JANUARY 1, 2020– DECEMBER 31, 2023) - \$50.00**  
 **LIFETIME MEMBERSHIP (NON-TRANSFERRABLE) - \$250**

Check or Money Order payable to: "THE LINCOLN/WILLIAM GRANT SCHOLARSHIP FOUNDATION, INC."

Mail completed application and application fee to: \*(Please review the brief personal questionnaire on the back of this application).

<b>Willa Hoffman Jackson, President</b> <b>The Lincoln/Wm Grant Scholarship Foundation, Inc,</b> <b>P.O. Box 12055</b> <b>Covington, KY 41012</b>	If there are questions, contact: Willa Jackson, President (859) 261-8809	or: Joseph M. Walton, Vice President (513) 521-2848 Email: jwalton@uakron.edu
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#### SIGNATURE OF APPLICANT

X  
 Applicant's signature: Date signed:

#### FOR BOARD OF DIRECTORS USE ONLY:

Application & Fee Received by:	Amount:	Date received:
Check or M.O. Number:		
Level of Membership (circle one):    1yr    3yr    Lifetime	Membership #: LG	Date effective:
Approved by Board of Directors (Signature of Foundation official):		Date approved: