

LEADERSNOW INTERNATIONAL MEMBERSHIP SCHOLARSHIP APPLICATION

Fill out this application completely, sign, and mail to: LeadersNow International Member Scholarships, P.O. Box 34, Wexford, PA 15090.
You be notified directly by LeadersNow International if awarded a Member Scholarship.

LNI Member Name:

Parent(s) Name:

Address:

Home Phone Number:

Family Email Address:

Chapter Coordinator's Name(s):

Phase of Membership: Phase One Phase Two

Fundraising Participation

All LeadersNow International Members are asked to participate in our fundraising efforts which provide the funding needed to provide scholarships to families who need assistance with the membership fee.

If provided with a Member Scholarship, do you as a new or returning LNI Member agree to participate in our fundraising efforts in the year ahead?

Parent's 2015 Tax Information:

Gross Annual Income:

Number of Household Dependents:

In the space below, please list additional information you feel is important for LeadersNow International to consider in your request for a Member Scholarship: (Use the back of this application, if needed).

Member Signature: _____ Parent Signature: _____

Date: _____ Date: _____