## 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 no later than <u>June 30, 2019</u>. You be notified directly by LeadersNow International if awarded a Member Scholarship.

Date:		Date:
Member Signature:		Parent Signature:
In the space below, please lis Scholarship: (Use the back of		feel is important for LeadersNow International to consider in your request for a Member .
Number of Household Depen	ndents:	
Gross Annual Income:		
Parent's 2016 Tax Informati	ion:	
ahead?	cnolarsnip, do you as a new	or returning LNI Member agree to participate in our Annual Member Fundraiser in the year
scholarships to families who	need assistance with the me	embership fee.
	Members are asked to part	ticipate in the Annual Member Fundraiser which provides the funding needed to provide
Fundraising Participation		
List the other extracurricular a	activities you are involved, ir	n addition to LeadersNow International, for which you pay a fee to participate:
Phase of Membership:	Phase One	Phase Two
Chapter Coordinator's Name	(s):	
Family Email Address:		
Home Phone Number:		
Address:		
Parent(s) Name:		
LNI Member Name:		