



SCHOLARSHIP APPLICATION

Name: _____ High School you attend: _____

Date of Birth: _____ Social Security Number: _____

Parent / Legal Guardian: _____ Poka Lambro phone number: _____

Student's Cell Phone Number: _____ E-mail: _____

Mailing Address: _____

List current Poka Lambro services subscribed to by your parent / legal guardian: (Service(s) must be in the name of your parent or legal guardian)

List high school activities: (organizations, honors, leadership roles, etc.) *Extra sheets may be attached if needed*

College you plan to attend: _____

Course of study planned: _____

Do you currently have a job? _____

If yes, where and how many hours per week? _____

Give a brief explanation of why you feel you should receive this scholarship: *Extra sheets may be attached if needed*

Signature: _____

Entry deadline is 5:00 pm March 4, 2019. Along with the completed application, the following must be submitted:

- High School transcript of grades
- ACT or SAT scores
- Letter of recommendation from a High School Teacher, Principal, or Counselor.

Return completed form and attachments to:

Poka Lambro Telephone
Attn: Tray Young
PO Box 1340
Tahoka, TX 79373-1340

Or Email: tray@poka.com