



NATIONAL ASSEMBLY SCHOLARSHIP APPLICATION

FORWARD TO Regional Vice President _____

REGION _____ **All Information is to be kept CONFIDENTIAL**

A. APPLICANT INFORMATION

Please print or complete as an ADOBE FORM

1. Name	Region & Association	
2. Home Address		
City	State	Zip Code
3. Telephone	4. E-Mail Address	
5. Description of Involvement in LOC Activities (attach a separate sheet if necessary)		
6. Interest in Attending National Assembly	7. Amount Requested	

B. ASSOCIATION PRESIDENT'S RECOMMENDATION FOR A MEMBER

OR

LCUSA REGIONAL VICE PRESIDENT'S RECOMMENDATION FOR AN INDIVIDUAL MEMBER
OR FOR AN ASSOCIATION PRESIDENT

8. Name	
9. Address	10. Telephone Number or Email
11. Association Name or LCUSA Region	
12. Association Address or LCUSA VP Address	
13. To the best of my knowledge and belief, all data in this application is true and correct. The document has been duly authorized by	
Printed Name & Title:	
Signature:	