



2024-25 Birnamwood Area Lions Club Scholarship Application

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

School Counselor: _____

College or Credited Post Secondary School: _____

City: _____ State: _____

College Major: _____ Career Goal: _____ 4 Year GPA: _____

Involvement:

- (a) School Government:
- (b) School Clubs:
- (c) School Athletics:
- (d) Outside Activities:
- (e) Other:

I believe that I am a candidate for a 2024-25 scholarship from the Birnamwood Area Lions Club because;

I understand, if selected for a scholarship, I must complete one (1) semester of college or a credited Post-Secondary School and be enrolled for a second semester to receive the Scholarship money.

Signed:

Dated:

Please Return Application to Mrs. Stephanie Gruber Office by April 21, 2025.