Seymour Noon Lions Club

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Due Date: April 6, 2018

# Scholarship evaluation criteria:

1. Financial Need: Please include first page of last year’s family tax return.
2. Ophthalmology/Optometry/Hearing/Medical/Teaching
3. Career in a Youth or related social services area.
4. Scholastic Achievement.
5. Civic and School involvement.
6. Preference to children of club members.
7. Include a brief statement about your career goals.

Please send completed scholarship requests to:

Seymour Noon Lions Club

P.O. Box 34

Seymour, IN 47274

Attention: Scholarship Committee