LOGAN COMMUNITY DEVELOPMENT FOUNDATION, INC. SCHOLARSHIP APPLICATION FORM

PERSONAL INFORMATION

NAME:		
(First)	(Last)	
PERMANENT ADDRESS:		
(Street / P.O. Box) (City)	(State)	(Zip)
TELEPHONE: ()(Ho	me) Telephone: ()
EMAIL:	GRADUATION YEAR:	
PARENT(S)/GUARDIAN(S):		
(First)	(Last)	
Address: (Street / P.O. Box)	(City)	(State) (Zip)
TELEPHONE : () (Ho	me) TELEPHONE:	()(Cell)
EMAIL:		
Post-Sec	ONDARY INFORMATI	<u>ION</u>
Name of Post-Secondary School:		
FIELD OF STUDY:		
AMOUNT OF SCHOOLING REQUIRED:	Months	
WHAT SPECIFIC VOCATIONAL FIELD DO YYEAR DEGREE?	YOU PLAN TO STUDY THA	T DOES NOT LEAD TO A FOUR-

CAREER INFORMATION

1.	Why did you choose this field as your vocation?
2.	What do you plan to do after graduation?
3.	Would you consider returning to Logan to live and work? If so, please describe what you would like to do to earn a livelihood:
4.	Will you be working in a family business (including farming, ranching or other agricultural jobs)? If so, please explain:
5.	Do you see yourself as a business owner or an employee in the next 5 years? 10 years?
6.	Have you been awarded other scholarships or grants? If so, please describe each scholarship
о. Г	or grant and the amount of each such scholarship or grant:
7.	Are any of the above scholarships or grants renewable? If so, please explain:

8.	Briefly explain why you think you would be a good candidate for this scholarship?