



SAN DIEGO LIONS SCHOLARSHIP FOUNDATION

FRANK RIVERA & JIM ASHCRAFT FELLOWSHIPS

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(619) 300-5247

APPLICATION FOR SCHOLARSHIP GRANT

Student Applicant's Name: _____

DOB: _____ Gender: _____ Residency: _____ US Citizen _____ Permanent Resident

Address _____

Contact Number: _____ E-mail: _____

Name of High School Attending/Attended: _____

Name of College/University: (Planning to attend) _____

Were you a previous SDLSF grant recipient? _____ Were you a previous applicant? _____

Submit: 1. An essay of your goals (500 words or less), 2. Current Photo, 3. Most recent official transcripts & attach with the application.

Certification and signature: I certify that I understood all the rules and regulations and meet all the criteria of the SDLSF Scholarship Grant and will abide by it. By adding my signature to this application, I certify that all the information and statements provided are current, correct and complete.

Print Name: _____ Date: _____

Signature: _____

If applicant is still a dependent of his/her parents or guardian, please have them sign below:

Name of Parent/Guardian: _____

Relationship to Applicant: _____ Contact Number: _____

Address if different from the applicant: _____

Signature: _____

Signature: _____

Application must be received no later than March 31, 2025