LHOIST NORTH AMERICA COMMUNITY SCHOLARSHIP PROGRAM

APPLICATION FOR SCHOLARSHIP

Applicant's Name:				
	First	Middle	Last	
Street Address:				
City and State:	Zip Code:			
Contact Number: ()_	/	Alternate Number: ()	
Parent's Name(s):				
 Has shown a accomplishment 	senior. ng based on a financia	al need and/or field of stu cal community, extra-curr ntegrity.	dy. ricular activities, strong work	< ethic and
hardship, desire to Resume: Provide achievements, an please include a constant of the second and the second achievements and please include a constant of the second achievement of the second achieveme	plain why you feel you o improve through educe a resume describing at a personal statemer contact number as welscripts: An official seamendation: Please process from parents or fan Results from the mos	should be selected to reucation, and any addition jobs held (if applicable), at that provides career goll.	ceive the scholarship, pleas al information you would like organizational membership bals and the desire to contribut from the previous three achendation from school teach considered).	e to add. , academic bute to the community, cademic school years.
I hereby make formal app contained herein and info			ity Scholarship Award. I ce	rtify that all statements
Date		Applicant's Sig	nature	
Please ensure all reques considered. All applicatio			application packet. Incomp	lete packets will not be

Please mail all scholarship requirements to (incomplete applications will not be accepted):

Lhoist North America Attn: Emily Berkes 3309 Hwy 31 South Calera, AL 35040

or by email at emily.berkes@lhoist.com