

# Dr. Carlton Scholarship Application

Please type or print in blue or black ink only

Full Legal Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Grade(s) attended while at Lincoln Academy: \_\_\_\_\_

High School Graduating from: \_\_\_\_\_

School where you plan to enroll: \_\_\_\_\_

Fall       Spring    20\_\_\_\_\_

In what activities or organizations within school and outside of school have you participated? \_\_\_\_\_

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In what fields of study are you particularly interested? List the schools you are interested in attending.

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