

L.A.M.S. Scholarship Application

Name: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Please explain briefly why your family will need a scholarship(s) from L.A.M.S.?

How long have you been involved in L.A.M.S.? _____ semesters

How many class hours (total) would you like to have your child(ren) attend this semester?

_____ hours total

How many on those classes will you need assistance with from L.A.M.S.?

_____ hours

Are you a member of MSC (not necessary to receive financial help from L.A.M.S.)

_____ Yes _____ No

For Office Use Only
Scholarship Hour(s) Approved: