



OWENS
LEASING
WITH GOD ALL THINGS ARE POSSIBLE

Application For Educational Scholarship Form

Name of Student Applicant: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Time Period Covered by Scholarship: (check which applies to you)

- Full year, full time (2 semesters of 12+ credit hours) beginning _____
- Single term beginning _____
- Other (summer, online, part-time, etc.) beginning _____

Institution Name: _____

Degree Plan: _____

What are your goals upon graduation for the skills you will learn?

Has your family member served Owen's Leasing? (circle one)

Yes or No

If yes, then who and what company? _____

Student-related expenses (anticipated costs for time period covered by scholarships)

Tuition \$ _____

Fees \$ _____

Books \$ _____

Room & Board \$ _____

Transportation \$ _____

Other (please specify) \$ _____

Total: \$ _____

What other scholarships, grants or student loans have you applied for?

How much have you been promised to date? \$ _____

Are there any extenuating circumstances that the Randy Owens Memorial Scholarship Committee should be aware of in considering your application?

If the Randy Owens Memorial Scholarship Committee has previously granted you a scholarship, please attach a copy of your transcript for the period covered by that grant year.

Signature: _____ Date: _____

Return Completed Grant Applications to:

Email - jhampton@hopelegacycollective.org (preferred if possible)