The William T. Lewis Jr. Scholarship Application

Please complete application and mail to:
William T. Lewis, Jr. Scholarship Fund Incorporated
P.O. Box 43083- Upper Montclair, New Jersey 07043

Name: _____
Last First Middle

Telephone: _____ Email Address: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

GPA: _____ Class Rank: _____ SAT/ACT Score: _____ Verbal: _____ Math: _____

Parent/Guardian: _____

Address: _____

_____
City State Zip

Occupation: _____

Number of dependent children in household: _____ Age(s): _____

Number currently in college: _____ Year(s) in College: _____

Colleges/Universities to which you have applied:

1._____

2._____

3._____

4._____

Name and address of the college I will attend, if known:

_____

Annual tuition: _____ Room and Board: _____

Academic & Career Goals:

Intended Major: _____

Career Aspirations: _____

Academic Honors and Activities:
List all of your academic awards and extracurricular activities. Provide positions held and years involved. (Ex. National Honor Society, member, 1 year)

Community Involvement:
Please list all volunteer experiences, church activities, jobs, and/or community outreach programs that you have participated in the last five years. Include any positions held and years involved. (Ex. Church Usher Board, President, 4 years)

Essay Question:
Complete the following statement in a 200-300 word essay. The essay should be typed and double-spaced.

"Can you describe a challenging experience or obstacle you've overcome, and how it has shaped your academic and career aspirations"?

I understand that in applying for this scholarship, it will be granted only if I attend a four-year accredited college or university. I also understand that the scholarship will be granted after proof of acceptance and that I am registered as a full time matriculating student. Proof of acceptance and registration must be submitted by December 1, 2026 otherwise I forfeit this scholarship.

_____ _____
Signature of Applicant Date

_____ _____
Signature of Parent/Guardian Date

_____ _____
Signature of Guidance Counselor Date