

LOWELL YOUTH ACTIVITIES PROGRAM, INC.

2024 COLLEGE SCHOLARSHIP APPLICATION

ELIGIBILITY

To be eligible for the Lowell Youth Activities Program (LYAP) 2024 College Scholarship, the student must be a Lowell Housing Authority Public Housing or Section 8 resident. Scholarships are open to currently enrolled college students, as well as incoming Freshman for the Fall of 2024. Previous LYAP scholarship recipients are encouraged to apply again.

SUBMISSION

Be sure to include:

- ___ An original LYAP application form, completed and signed. If the applicant is under the age of 18, a parent/guardian signature is required.
- ___ An unofficial school transcript (does not need to be a certified, official document).
- ___ A copy of your college acceptance letter.
- ___ A one page, typed, and double-spaced essay, addressing the following prompt in a minimum of 250 words:

Describe a personal accomplishment and the strengths and skills you used to achieve it.

Complete applications must be received by **Friday, May 31, at 4p.m.**

MAILED TO: **Lowell Youth Activities Program, Inc.
350 Moody St.
P.O. Box 1103
Lowell, MA 01853**

OR

EMAILED TO: **LYAPScholarship@gmail.com**

Lowell Youth Activities Program

2024 College Scholarship Application

APPLICANT INFORMATION

Full Name: _____ DOB: _____
First M.I. Last

Address: _____
Street Address Apartment/Unit/Suite #

City State ZIP Code

Phone: _____ Email: _____

Have you previously received this scholarship? YES NO
If yes, when? _____

PARENT/GUARDIAN INFORMATION

Full Name: _____ Relationship: _____
First M.I. Last

Address: _____
Street Address Apartment/Unit/Suite #

City State ZIP Code

Phone: _____ Email: _____

ACADEMIC INFORMATION

Name of Current School: _____

College/University you will attend in Fall 2024? _____

Intended Field of Study/Major: _____

Anticipated Graduation Date: _____

Type of Degree: Associate (2 Years) Bachelor (4 Years) Master (1-3 Years) Certificate Program

EMPLOYMENT EXPERIENCE

Employer: _____ City/State: _____

Title/Position: _____

Responsibilities: _____

Dates of Employment: _____
From To

EMPLOYMENT EXPERIENCE CONTINUED

Employer: _____ City/State: _____

Title/Position: _____

Responsibilities: _____

Dates of Employment: _____

From

To

COMMUNITY INVOLVEMENT

List & Describe Any Community Service or Volunteer Work:

EXTRA-CURRICULAR ACTIVITIES

List & Describe Any Extra-Curricular Activities (Sports / Clubs / Organizations):

AWARDS/NOMINATIONS

List Any Awards/Nominations You Have Received in The Last 4 Years:

Explain Any Special Circumstances the Committee Should Consider While Reviewing Your Application:

CERTIFICATION

I certify that the information in this application and all accompanying documents are true and correct. I also certify that I have personally answered all questions and wrote the essay for this scholarship application. I agree that the Lowell Youth Activities Program, Inc. may use my name and photograph for publicity and fundraising purposes.

Applicant Signature: _____ Date: _____

If Under the Age of 18:

Parent/Guardian Signature: _____ Date: _____