



## LGBT Network Adam S. Kaplan Memorial Scholarship APPLICATION COVER SHEET

PERSONAL INFORMATION					
First Name		Last Name			
Address					
City		State		Zip	
Home Phone		Cell Phone			
E-mail					

EDUCATIONAL INFORMATION			
High School		GPA	
Graduation date		SAT Total Score	
Honors			

EXTRACURRICULAR ACTIVITIES	
Activity	Roles & Responsibilities

**CERTIFICATION:** I certify that all of the above information including my personal essay is complete and accurate to the best of my knowledge. Falsification and/or misrepresentation of any information will result in disqualification from the scholarship program. This application and all of its components become the sole property of LGBT Network.

**Applicant Signature:** \_\_\_\_\_