



THE JEROME K. LEWIS, SR. MEMORIAL SCHOLARSHIP FUND

(All information provided is confidentially and solely for the use of the Scholarship Committee for reviewing, ranking and distribution of funds)

Type or print legibly. Otherwise, points will be deducted.

_____ Male _____ Female _____ Other _____ Grade _____ Age _____
Social Security Number: _____ - _____ - _____ Birthdate _____ - _____ - _____

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY/STATE ZIP CODE

Current School Year _____ School _____

Current GPA _____ ACT Score _____ SAT Score _____

Legal Father's Name _____ Occupation _____
LAST FIRST MIDDLE

Place of Employment _____ Cell Phone _____ - _____ - _____

Home Phone _____ - _____ - _____

Legal Mother's Name _____ Occupation _____
LAST FIRST MIDDLE

Place of Employment _____ Cell Phone _____ - _____ - _____

Home Phone _____ - _____ - _____

Parent's Education (Mother) _____ (Father) _____

Are Legal Parents Living? Father _____ Mother _____

College you will be attending _____
NAME ADDRESS

Intended Major Area:

_____ ARTS
_____ ENGLISH

_____ BUSINESS
_____ MATHEMATICS

_____ SCIENCE

_____ COMPUTER SCIENCE

_____ EDUCATION

_____ OTHER

Career Options

_____ EDUCATION
_____ LAW

_____ BUSINESS
_____ MEDICINE

_____ GOVERNMENT
_____ OTHER

_____ INDUSTRY

Honors and Awards Received _____

Achievements in the Arts (*If applicable*) _____

Extracurricular Activities (*including church affiliation*)

Please return this form to:
(*Due Date: 03/22/2023*)

Wanda Austin-Lewis
6713 Towering Oaks Drive
Shreveport, LA 71119
wanda.a78@yahoo.com



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EST. 2023