



2019 Scholarship Application

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

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email: _____

Are you an Alcon Employees FCU member? _____

School Name: _____

Grade: _____

School City/State/Zip: _____

Expected Graduation Date: _____

Major: _____

Please indicate any activities, awards or honors you have participated in or received during the last four years.

- | | |
|--------------------|-------------------------------|
| 1. Activity: _____ | Years of Participation: _____ |
| 2. Activity: _____ | Years of Participation: _____ |
| 3. Activity: _____ | Years of Participation: _____ |
| 4. Activity: _____ | Years of Participation: _____ |

Please briefly state your future plans as they relate to your education: _____

I certify that the information on the form is true to the best of my knowledge and the information that I have provided comes directly from my school. All essay materials are written by me with the help of no other parties.

Signature

Date: