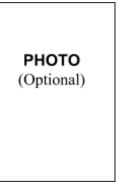
DEADLINE FEBRUARY 15, 2019





## THE SHAPIRO FAMILY SCHOLARSHIP APPLICATION

		Please prin	nt or type		
Current LJA Student? Y / N			Student's Grade (2019-20 school year):		
Personal Information					
Name of applicant/student:					
	(First)	(Middle)	(Last)	(Nickname if to be u	sed by school)
Home Address:					
	Street		City	State	Zip Code
Phone:	E-Mail				
Military Affiliation Please list name(s) of parent	t(s) serving in t	the military.			
Name	me		anch	<b>Dates of Service</b>	
	A	pplication R	equirements		

- 1. Scholarship Application
- 2. Family Essay: Briefly share about your military background and how it has had an impact on your family.

Return application requirements by February 15, 2019. Email: Jennifer.souza@lejardinacademy.org or Mail: 917 Kalanianaole Highway Kailua HI 96734