



DEADLINE FEBRUARY 15, 2019

THE SHAPIRO FAMILY SCHOLARSHIP APPLICATION

Please print 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 used by school)

Home Address: _____
Street City State Zip Code

Phone: _____ E-Mail _____

Military Affiliation

Please list name(s) of parent(s) serving in the military.

Name	Branch	Dates of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____

Application Requirements

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 Kalaniana'ole Highway Kailua HI 96734