

PRINT THIS FORM, COMPLETE IT AND SUBMIT IT TO THE DEAN'S OFFICE BY THE DUE DATE.

**RICHARD B. HULL MEMORIAL
SCHOLARSHIP FUND APPLICATION**

Established in 1993

Please type or print clearly

Name of LTS Student _____

Name of Applicant: _____

Address: _____

City _____ State _____ Zip Code _____

Telephone _____

Relationship to LTS Student Child (Age _____) Spouse/Partner

In the space below [or on a separate sheet], briefly state why you believe you should be considered for this scholarship and how you would use the funds. [This should be completed by the person who would receive the scholarship.]