



Yvette Alexandre and LaShay Waiters Memorial Foundation Inc.

SCHOLARSHIP APPLICATION

Applicant Information

Name: _____
(Last) (First) (Middle)

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Telephone: _____ Email: _____

High School Information

School Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Grade Point Average: _____ Graduation Date: _____

University/College Information

School Name: _____

Major: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Acceptance Date: _____ Anticipated Graduation Date: _____

Questions

1. Tell us about yourself.
2. Were you involved in any activities at school or in your community?
3. Tell us about your greatest strength?
4. What is your greatest weakness?
5. Tell me about your leadership experience?
6. Where do you see yourself in 5/10/20 years?
7. Why should you be the one to receive this scholarship?

Please return the completed form to:
Yvette Alexandre and LaShay Waiters Memorial Foundation Inc.
Email: yvette.lashaymemorialfoundation@gmail.com