

The Chris Lucius Memorial Foundation

1694 Forest Hill Lane, Belden, MS 38826

Financial Aid Requirements and Application Form

Due on or Before July 1st

This financial aid application is intended to identify outstanding areas in which our foundation may best serve students in the Mississippi Area.

Qualifications

To be considered for financial aid, applicant organizations must:

- Serve Mississippi Students.
- Submit a plan detailing how and where the money will be used.
- Submit contact information for at least two organization Leaders.
- Agree to submit photographic evidence that the money was used as requested.

Scholarship Information

- Preference may be given to applicant organizations that most closely align to the CLMF mission.
- Preference may be given to applicant organizations with greater financial need.
- Preference may be given to applicant organizations who serve athletes.
- Amount for financial aid awards are a one-time offering.

Required Submission

Completed applications will consist of the following items:

- A completed application form
- A plan detailing how and where the money will be used
- Contact Information for two organization leaders

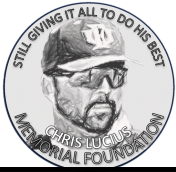
Applications are received MAY through JUNE.

- The deadline is July 1st.
- The Chris Lucius Memorial Foundation will only consider applications postmarked on or prior to the July 1st deadline.

Completed Applications May Be Mailed or Emailed To:

- Mailed to: Chris Lucius Memorial Foundation
Attention: Financial Aid Selection Board/ Applicant Organization's Name
1694 Forest Hill Lane
Belden, MS 38826
- Emailed to: ChrisLuciusMemorialFoundation@gmail.com
Attention: Financial Aid Selection Board/ Applicant Organization's Name

By completing and submitting the Financial Aid application, you are agreeing to support the Chris Lucius Memorial Foundation by allowing it to use your name and photo in future publications and advertisements.



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Financial Aid Application Form

Name: _____
First Middle Last Suffix

Address: _____
Street City State Zip

Phone: _____ Email: _____

Organization, Student Group or Student Being Served:

Name: _____

Location: _____

Amount Requested: _____
To be spent _____ or in increments of \$ _____ / Day, Week, or Month
Date Circle one if Applicable

Please give a brief description of the money's intended use.

***Please attach a detailed plan.

REQUESTED REFERRALS / REFERENCES / RECOMMENDATION:

Name of Person Offering Reference)	Affiliation	Email	Phone

HONESTY IS REQUIRED - Failure to answer all parts truthfully will result in a voided application and terminate any and all agreements.