

LYEP Travel Scholarship Application



Applicant Information (please print or type)

Name	
Street Address	
City ST ZIP Code	
Phone	
Birthdate	
E-Mail Address	

Parent /Guardian Information (please print or type)

Name	
Street Address	
City ST ZIP Code	
Phone	
E-mail Address	
Relationship	

Terms of the Competition and Scholarship

1. Recipient must be 15-20 years old by July 1, 2018. Travel occurs age 16-21. Winners can defer the trip for a year.
2. Applicants do not need to be a Lion or Leo or have an affiliation with a Lion or Leo but must live in District 11-D1.
3. The Essay must be typed, double spaced. Requested format: place the applicant's name and title on a title page. Do not place the applicant's name on the essay pages. No plagiarism. Return email by November 30, 2017 to: district 11d1@gmail.com.
4. The command of a foreign language and an age requirement is based on the requirements of the country chosen. Travel may be deferred up to 1 year for travel in the summer of 2019.
5. Lions will pay with travel allowances up to \$3000 for 1st place, \$2000 for 2nd place, and \$1000 for third place. Any costs over the prize money allowances is the responsibility of the awardee. Fundraising with or without the help of the Lions Club is encouraged. Currently, the \$3000 prize will cover all costs of a plane ticket, camp registration for European and Scandinavian countries and \$200 spending money. Europe costs less than Asia and Australia
6. Guidelines outlined by LYEP must be followed while traveling or the recipient is returned to home at the recipient's expense. Guidelines will be supplied to the winners. Winners stay with a screened family and have a camp stay. A passport is required.

Agreement and Signature

By submitting this application, I affirm that the student applying can travel and the personal information is correct. Additional information will be supplied and an additional application must be completed. Contact liondebravantol@gmail.com or call 989-430-1824 for additional information.

Applicant Signature	Date
Parent/Guardian Signature	Date

Country of Choice

1.	2.	3.
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Thank you for completing this application form and for your interest in being part of LYEP.