

**RoseMarie Lipinski Foundation**

**Application Form**

First Name: \_\_\_\_\_ Middle \_\_\_\_\_

Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

*Name & age of each child and the high schools they attend:*

Child 1 Name: \_\_\_\_\_

Child 1 Age: \_\_\_\_\_ School: \_\_\_\_\_

Child 2 Name: \_\_\_\_\_

Child 2 Age: \_\_\_\_\_ School: \_\_\_\_\_

Applicant's Mailing Address:

Street: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Tele: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

*By signing this application, the author agrees to give the RoseMarie Scholarship Foundation rights to reproduce the submitted essay and use it for promotional and publicity purposes.*

Title of Essay: \_\_\_\_\_

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*I certify that I am the author of this essay and that it is original,  
my complete creation and not copied from any other source.*

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_