



# Texas Lions MD-2 Opportunities for Youth Scholarship Request Form



### Contestant Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

### Select Contest You Won

- |   |  |            |
|---|--|------------|
| <input type="checkbox"/> Drug Awareness Speech    | <input type="checkbox"/> 1 <sup>st</sup> Place | \$3,000.00 |
|   | <input type="checkbox"/> 2 <sup>nd</sup> Place | \$2,000.00 |
|   | <input type="checkbox"/> 3 <sup>rd</sup> Place | \$1,000.00 |
| <input type="checkbox"/> Diabetes Awareness Essay | <input type="checkbox"/> 1 <sup>st</sup> Place | \$3,000.00 |
|   | <input type="checkbox"/> 2 <sup>nd</sup> Place | \$2,000.00 |
|   | <input type="checkbox"/> 3 <sup>rd</sup> Place | \$1,000.00 |
| <input type="checkbox"/> Outstanding Youth        | <input type="checkbox"/> 1 <sup>st</sup> Place | \$3,000.00 |
|   | <input type="checkbox"/> 2 <sup>nd</sup> Place | \$2,000.00 |
|   | <input type="checkbox"/> 3 <sup>rd</sup> Place | \$1,000.00 |

### College Information:

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Student ID#: \_\_\_\_\_

Attach proof of enrollment and send or email to:

Lions MD-2 State Office

P.O. Box 294509 Kerrville, TX 78029-4509

830-257-6557

[lionsstateoffice@texaslions.org](mailto:lionsstateoffice@texaslions.org)

**Payment will be made directly to designated school.**