

**THE LINCOLN UNIVERSITY
HORACE MANN BOND-LESLIE PINCKNEY HILL SCHOLARSHIP**

ELIGIBILITY

- Be a graduate of Lincoln University
- Be accepted to PSU, Pitt or Temple in an approved program of study
- Enroll full-time in the program within five years of graduating from Lincoln University
- Be recommended by the Dean for the respective College
- Be a U.S. citizen or permanent resident
- Be a resident of Pennsylvania
- Demonstrate high academic performance and maintain satisfactory progress

**APPLICATION
RETURN TO: OFFICE OF ACADEMIC AFFAIRS
1ST FLOOR, VAIL HALL**

Name of Student: _____

Date: ____/____/____

Classification :

- Freshman
 Sophomore
 Junior
 Senior
 Recent Graduate.

Date of Graduation: ____/____/____

Degree: _____

Student ID #: _____ Cumulative GPA: _____

Major: _____

Home Address: _____

CITY _____ STATE _____ ZIP _____

Home Telephone: () _____ --- _____

Cell Phone: () _____ --- _____

Campus Extension: _____ Campus Box: _____

Are you a resident of Pennsylvania? Yes No

If no, do you intend to be a resident within the next three years?

Yes No

Are you a United States citizen? Yes No If no, have you applied for citizenship? Yes No

Have you taken the GRE? Yes No Score: _____

If no, date you intend to take the GRE: ____/____/____

Have you taken the LSAT? Yes No Score: _____

In no, date you intend to take the LSAT: ____/____/____

Have you taken the MCAT? Yes No Score: _____
In no, date you intend to take the MCAT: _____/_____/_____

Discipline that you intend to study:

- Dentistry
- Law
- Medicine
- Podiatry

University(s) that you are applying (or have applied) to:

- Penn State University
- University of Pittsburgh
- Temple University
- Other (please specify: _____)

If you have applied, have you been accepted? Yes No

Please attach the following documents to your application for consideration:

- Unofficial transcript
- Resume
- Cover Letter
- Three (3) letters of recommendation – including letter from the dean.
- Acceptance letter (if available)
- GRE, LSAT, or MCAT scores

I, _____, have read and understand the conditions of the Horace Mann Bond – Leslie Pinckney Hill Scholarship as noted by the Pennsylvania Department of Education. I affirm that I plan to pursue a career in dentistry, law, medicine, or podiatry as defined in those documents. I give permission to officials of my institution to release transcripts of my academic record and other information requested for consideration in the Bond-Hill Scholarship program. I understand that this application will be available only to qualified people who meet all eligibility requirements. I affirm the information contained herein is true and accurate to the best of my knowledge and belief.

SIGNATURE _____

DATE: _____/_____/_____

The Lincoln University Use Only:

Official Signature: _____ **Date:** _____

Program Entry Date: _____ **Classification:** _____ **Anticipated Graduation:** _____

Approved: _____ **Denied:** _____