



Service Technician Scholarship Application

Person Information

Last Name: _____ First Name: _____ M.I.: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
E-mail Address: _____
Date of Birth: _____ LDI Store Preference: _____

Work Experience

Company: _____ Title: _____
Address: _____
Dates of Employment: _____ Supervisor: _____
Phone Number: _____

Company: _____ Title: _____
Address: _____
Dates of Employment: _____ Supervisor: _____
Phone Number: _____

School Information

High School: _____ High School Graduation Date: _____
College you plan to attend: _____ Anticipated Graduation Date: _____
Degree you plan to obtain: _____ Internship required?: _____

References

Please provide a list of three, non-family members who could tell us about your abilities, skills and level of commitment.
Please include their name, their relationship to you and their phone number.

1. _____
2. _____
3. _____