All applications must be postmarked no later than Thursday, February 29, 2024. Submit your completed print application to:



LITTLE GENERAL STORES, INC. SCHOLARSHIP PROGRAM ATTENTION: MINDY PACK P.O. BOX 968, BECKLEY, WV 25802

or scan the QR code to complete the application online:



SCHOLARSHIP

PERSONAL						
First:	_Middle:					
Last:	DOB:					
ADDRESS AND CONTACT						
Address:						
City:	State:	ZIP:				
Home/Cell Phone: ()						
Email:						
EDUCATION						
High School Attended:						
Graduation Date://	GPA:	ACT/SAT Score:				
Guidance Counselor:						
School Phone: ()						
Did you apply for Pell Grant or Financial Aid? YES □ NO □						
HIGHER EDUCATION						
What Technical School/College/University do you plan to attend?						

Program Term: 1 YEAR □ 2 YEAR □ 4 YEAR □					
As a student, do you plan to live on campus? YES \square NO \square					
As a student, where do you plan to study? IN-STATE OUT-OF-STATE					
ACTIVITIES, AWARDS, HONORS					
List all school activities in which you have participated during the past four years, such as student government, sports, music, etc. List all community activities in which you have participated without pay during the past four years such as volunteer work, Special Olympics, etc. Indicate all awards, honors and offices held and/or received.					
GOALS AND ASPIRATIONS					
Make a statement of your plans as they relate to your educational and career objectives and future goals.					

REFERENCES

Please list three referen	ces with at I	least one of them being	a teacher at your current sch	00l.
Full Name:				
Occupation:				
Work/Cell Phone: ()			
			ZIP:	
Full Name:				
Occupation:				
Work/Cell Phone: ()			
			ZIP:	
Full Name:				
Occupation:				
Work/Cell Phone: ()			
Address:				
Pitv•		State:	ZIP:	