

# Lindsay/Sheafor Tuition Scholarship Program

## Family Registration Form

**Application Date:**

**Parent / Guardian Contact Information (specify a mailing address):**

First Name(s):	Last Name(s):
Address:	
Home Phone:	Work Phone:
Fax number:	Name of Workplace:
EMAIL address(es):	

**Additional Parent / Guardian Contact Information (if needed):**

First Name:	Last Name:
Address:	
Home Phone:	Work Phone:
Fax number:	Name of Workplace:
EMAIL address(es):	

### Children Eligible for Scholarship

Describe your child(ren) / wards' relationship to the grandparents of Cindy Lindsay or Steve Sheafor. Cindy's grandparents are Beulah Izora & Samuel Luther Lindsay and Hazel Christine & Hosie Jewel Jones. Steve's grandparents are Elizabeth Bramhill & William Clyde Sheafor and Caroline Mize Strawn & Cooper Henri Strawn.

**Please list the names of the children registering, when you expect each will begin their initial year of college (i.e. Fall, 2003) and their college of choice (if known):**

Child's Name	Female /Male	Expected First College Year	College of Choice
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Thank you for registering your family!**

**If your contact information changes, please update the Program Office.**

**Please submit completed Family Registration Form and any future updates to:**

Lindsay/Sheafor Tuition Scholarship Program  
1126 Sumac Street  
Longmont, CO 80501-3135  
Administrator: Bram Sheafor, ph: 303/776-1842, fx: 303/651-6661, [alboboo@aol.com](mailto:alboboo@aol.com)