



HOWARD LEBOW SCHOLARSHIP APPLICATION

Name: _____

Teacher's Name: _____

Address: _____

School Name: _____

Phone #: _____

School's Address: _____

Grade: _____

Teacher's Phone # _____

Parent's name: _____

Number of Years in Program: _____

Please list the reasons you are recommending this student:

What makes this student stand out from his/her peers?

Please write a summary of this student's bridge accomplishments:

Please complete the application and send to

Chris Urbanek, Chair District 5 Education Committee

136 Raintree Pkwy

Tonawanda, NY 14150

curb4cats@roadrunner.com