



**University of the Incarnate Word**  
**2021-2022 Pat & Dorothy (Lehr) Legan Scholarship Application**

The Pat & Dorothy (Lehr) Legan Scholarship is offered to provide financial support to students who demonstrate financial need, determined by the 2021-22 FAFSA, and have a commitment to learning in order to make a worthy contribution to society. Applications may be submitted to the Office of Financial Assistance via e-mail (finaid@uiwtx.edu), mail (4301 Broadway CPO 308, San Antonio, TX 78209) or in office by **5:00 pm, Friday May 21, 2021**. All applicants will be notified via email regarding their final scholarship status by mid-June. Incomplete applications will not be considered.

**SECTION 1: STUDENT INFORMATION**

Name: \_\_\_\_\_ UIW Student ID: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_ Are you a U.S. Citizen?  Yes  No

**SECTION 2: ACADEMIC INFORMATION**

Academic Major: \_\_\_\_\_

Minor/Concentration (if applicable): \_\_\_\_\_ GPA (4.0 scale): \_\_\_\_\_

Classification for 2021-2022 school year:  Freshman  Sophomore  Junior  Senior

Will you be registering as a full-time student?  Yes  No

If no, explain why: \_\_\_\_\_

**SECTION 3: FINANCIAL INFORMATION**

Have you completed the 2021-2022 Free Application for Federal Student Aid (FAFSA)?  Yes  No

Who will be responsible for financing your college education? \_\_\_\_\_

From a financial standpoint, what impact would this scholarship have on your education?

#### SECTION 4: PERSONAL ACHIEVEMENTS

Briefly describe an experience (school extracurricular activity or volunteering) where you demonstrated leadership.

What is your career goal and your plan for achieving this goal?

How will your educational career help you contribute to society?

#### SECTION 5: REVIEW AND SUBMIT APPLICATION

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I certify that the information on this application is true and complete to the best of my knowledge. If requested, I agree to provide documentation for information given on this form. I authorize the University of the Incarnate Word and the San Antonio Area Foundation to release the information on this application to the Scholarship Selection Committee and/or other donors.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

*Type Signature Above*

If you have any questions, please contact the UIW Office of Financial Assistance at [finaid@uiwtx.edu](mailto:finaid@uiwtx.edu)