



BUCKNOLISICKY.COM

A Professional Corporation

Certified Public Accountants | Business Consultants

**Buckno Lisicky & Company Foundation Scholarship - \$2500**

Full Name: \_\_\_\_\_  
*First Middle Last*

Address (street name, building number, city, state, zip code): \_\_\_\_\_

Email Address: \_\_\_\_\_ Current University: \_\_\_\_\_

Intended Graduation Year: \_\_\_\_\_ Major/minor: \_\_\_\_\_ Overall GPA: \_\_\_\_\_

Write a short autobiography about your family, work, experience, community service, accomplishments, and goals:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What kind of work experience/community service have you been involved in that will help you reach your goals?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe a time when you were faced with a challenge/conflict – how did you overcome it?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applications can be submitted to:**

[Khoff@blco-cpa.com](mailto:Khoff@blco-cpa.com)

**Buckno Lisicky & Company**

**645 Hamilton Street, Suite 204**

**Allentown, PA 18101**

**Application Deadline: 05/15/2022**

Why would you like to receive this scholarship / How will this scholarship help you?

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I have checked this application and approve all the statements made

Parent/Guardian's Signature: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

\*By submitting this application, you are verifying that the names provided above are your digital signatures and you consent to the legal conditions of this application. Failure to complete the application in full or misrepresenting personal information will disqualify the applicant from consideration. A Buckno Lisicky representative will send you a copy of your completed application to the email address you provided.

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