

**2019 AWARD APPLICATION
LOYALSOCK TOWNSHIP EDUCATIONAL SUPPORT PERSONNEL**

NAME: _____

ADDRESS: _____

PHONE: _____

NAME AND ADDRESS OF PARENT OR GUARDIAN:

PLEASE LIST THE INSTITUTION OF HIGHER EDUCATION TO WHICH YOU
HAVE BEEN ACCEPTED AND PLAN TO ATTEND:

PLEASE LIST ANY SERVICE ACTIVITIES IN WHICH YOU HAVE
PARTICIPATED:

DO YOU WORK? _____ WHERE _____

HOW MANY HOURS PER
WEEK? _____

PLEASE LIST OTHER AID OR SCHOLARSHIPS YOU PLAN TO APPLY FOR/RECEIVE AND THE AMOUNT IF KNOWN:

In essay form and in your own words, please state what your plans are for the future, your reasons for applying for this award and why you believe you should receive it. Please feel free to mention any special circumstances or problems that affect your future education. Attach the essay to this form along with your transcript and return to Mrs. Campman in the high school guidance office by April 11, 2019

SIGNATURE: _____ DATE: _____