

# LOYALSOCK TOWNSHIP EDUCATION ASSOCIATION SCHOLARSHIP APPLICATION



Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Name and Address of Parent(s) or Guardian(s)

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

Parents' Occupations and Annual Income

Father \_\_\_\_\_ \$ \_\_\_\_\_

Mother \_\_\_\_\_ \$ \_\_\_\_\_

Names and Ages of Other Family Member Living at Home

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

Please List the Schools to Which You Have Applied and Dates of Acceptance

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

Are You Receiving Other Scholarships and Aid? \_\_\_\_\_

If Yes, Please List What Amounts \_\_\_\_\_

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In What Area of Education are You Planning to Obtain a Degree?

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In essay form, using your own words, please explain what your plans are for the future, your reasons for applying for this scholarship, and why you believe you should receive it. Please feel free to mention any special circumstances that may affect your future education.

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

**D u e t o M r s . C a m p m a n b y T h u r s d a y ,  
A p r i l 1 1 , 2 0 1 9**