

**AWARD APPLICATION
LOYALSOCK TOWNSHIP EDUCATIONAL SUPPORT PERSONNEL**

NAME: _____

ADDRESS: _____

PHONE: _____

NAMES AND ADDRESS(ES) OF PARENTS OR GUARDIANS:

INSTITUTION OF HIGHER EDUCATION TO WHICH YOU HAVE BEEN ACCEPTED/PLAN TO ATTEND:

PLEASE LIST ANY SERVICE ACTIVITIES IN WHICH YOU HAVE PARTICIPATED:

DO YOU WORK? _____ WHERE _____ HOURS PER WEEK? _____

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

ESSAY: In essay form and in your own words, please state your plans for the future, your reasons for applying for this award and why you believe you should receive it. Feel free to mention any special circumstances or problems that affect your future education. Attach your essay to this form along with your transcript and return to the high school guidance office by April 15th.

SIGNATURE: _____ DATE: _____