

THE SULLIVAN COUNTY SCHOLARSHIP FUND

created by Alton Taylor

Completed application and all supporting documentation must be returned to:

- Your Guidance Office by Friday, April 26th, 2019 or
- Citizens & Northern Bank by Monday, April 29th, 2019

Please type or print in ink

PERSONAL DATA

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: Home: _____ Cell: _____

DATE OF BIRTH: _____ EMAIL ADDRESS: _____

FATHER'S NAME: _____ Cell: _____

OCCUPATION: _____ EMPLOYER: _____

MOTHER'S NAME: _____ Cell: _____

OCCUPATION: _____ EMPLOYER: _____

PARENT(S) EMAIL: _____

NUMBER OF BROTHERS AND SISTERS: _____

Are any of them attending college? _____ If yes how many? _____

If so, indicate where they are attending: _____

Do you live with: Both Parents: ____ Mother: ____ Father: ____ Other: _____

If someone other than your parents supports you, please indicate:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OCCUPATION: _____ EMPLOYER: _____

Name: _____

Please attach additional sheets if needed for activities, keeping the same format

EMPLOYMENT (During high school years only)

Employer	Type of Work	No. of Hours Per Week	Dates of employment From: To:	
<i>Example: John Doe Restaurant</i>	<i>Wait staff</i>	<i>10</i>	<i>07/01/17</i>	<i>to 02/15/17</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you plan to work part time during the college year? _____

Do you plan to work during the summer? _____

COMMUNITY & VOLUNTEER ACTIVITIES (During high school years only)

Organization Name	Type of Activity	No. of Hours Per Week	Dates of Involvement From: To:	
<i>Example: Big Brothers/Big Sisters</i>	<i>Mentoring</i>	<i>3</i>	<i>10/01/17</i>	<i>to present</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Indicate what types of activities you plan to participate in while attending college, if any?

SCHOOL ACTIVITIES (During high school years only)

Organization/Sport	Type of Activity	No. Hours Per Week	Weeks Per Year:	Number of Years::
<i>Example: Student Government</i>	<i>leadership</i>	<i>4</i>	<i>36</i>	<i>2</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Will you be involved in any school activities while attending college? _____

If yes, what types of activities? _____

Name: _____

COLLEGE AND CAREER GOALS

What major will you pursue? _____

What degree do you expect to receive? _____

What are your plans after receiving your degree? _____

COLLEGE COSTS FOR YOUR FRESHMAN YEAR (Do not include personal expenses)

Name of college you plan to attend: _____

Tuition and Fees: _____

Room and Board: _____

Books and Supplies: _____

Total Cost: _____

First alternate college you plan to attend: _____

Tuition and Fees: _____

Room and Board: _____

Books and Supplies: _____

Total Cost: _____

Please attach a copy of tuition/cost page from the above referenced schools, your student financial aid package and any acceptance letters you have received.

Name: _____

FINANCIAL INFORMATION

To be considered for this Scholarship it is required that you supply the following information:

Adjusted Gross Income (AGI) (parents filing separately should list each parents' AGI):

Parents: _____

Student: _____

Expected Family Contribution (EFC) from your Free Application for Federal Student Aid (FAFSA). **You are required to attach the first page of your FAFSA Electronic Student Aid Report (SAR) showing your EFC** ("Viewing your processed information" upon logging into your FAFSA account will take you to the SAR.)

EFC: _____

List any unusual expenses or circumstances your parent or guardian has: _____

EDUCATIONAL INFORMATION

GPA _____

Please attach a copy of your official high school transcript.

REFERENCES

Please attach to this application a total of two letters of reference, from people who are not related to you.

The first letter must be from a non-school related individual. We suggest employers, business people, and organization leaders.

The second letter must be from a teacher, coach, activity leader, or a member of the administrative staff from the school you currently attend or have formerly attended. School Personnel should use the "School District Recommendation" form, following.

Name: _____

Date

Applicant's Signature

**ONLY COMPLETED APPLICATIONS ACCOMPANIED BY ALL REQUIRED
SUPPORTING DOCUMENTATION RECEIVED BY THE DEADLINE WILL BE
CONSIDERED FOR THIS SCHOLARSHIP.**

Citizens & Northern Bank
Trust and Financial Management Group
1827 Elmira St
Sayre PA 18840
1-888-760-8192

Completed Applications will include:

- _____ Signed and dated Application
- _____ Any Applicable Acceptance Letters
- _____ FAFSA with Estimated Family Contribution
- _____ Official Transcript
- _____ TWO Letters of Reference
 - One from member of the community
 - One from school district ("School District Recommendation" form)