

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 22, 2022 or
- A C&N office by Monday, April 25, 2022 or

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 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 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.**

C&N Wealth Management
1827 Elmira St
Sayre PA 18840
570-886-8400

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)