

# 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 10, 2026 or
- A C&N office by Monday, April 20, 2026

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: \_\_\_\_\_

Student Aid Index (SAI) 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 SAI** ("Viewing your processed information" upon logging into your FAFSA account will take you to the SAR.)

SAI: \_\_\_\_\_

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  
90-92 Main Street  
Wellsboro, PA 16901  
570-724-0243

Completed Applications will include:

- \_\_\_\_\_ Signed and dated Application
- \_\_\_\_\_ Any Applicable Acceptance Letters
- \_\_\_\_\_ FAFSA with Student Aid Index
- \_\_\_\_\_ Official Transcript
- \_\_\_\_\_ TWO Letters of Reference
  - One from member of the community
  - One from school district ("School District Recommendation" form)