PETER C. VAN VLACK SCHOLARSHIP

Completed application and all supporting documentation must be returned to:

- Your Guidance office by Friday, May 28th, 2021
- Any C&N Branch by Tuesday, June 1st, 2021

Please type or print in ink

PERSONAL DATA

NAME:			
ADDRESS:			
CITY:	STATE:	ZIP: _	
TELEPHONE: Home:		Cell:	
DATE OF BIRTH:	EMAIL ADDRESS	S:	
FATHER'S NAME:		Cell:	
OCCUPATION:	EM	PLOYER:	
MOTHER'S NAME:	(Dell:	
OCCUPATION:			
PARENT(S) EMAIL:	-		
NUMBER OF BROTHERS			
Are any of them attending of	college? I	f yes how many?	
If so, indicate where they ar	re attending:		
Do you live with: Both Pare	nts: Mother:	_ Father: Othe	er:
If someone other than your	parents supports you,	please indicate:	
NAME:	RELATION	SHIP:	
ADDRESS:			
CITY:			
OCCUPATION:	EMP	LOYER:	

Name:		

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

<u>EMPLOYMENT</u>	(During high	school y	/ears only)
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Employer	Type of work	No. Hours Per Week	Weeks Per Year:		of Employment m: To:
Example: John Doe Restaurant	Wait staff	10	20	07/01	/17 to 02/15/17
Do you plan to work part time	during the colleg	e year?			
Do you plan to work during the	e summer?				
COMMUNITY & VOLUNTEER	R ACTIVITIES (D	ouring high	school yea	ars only	')
Organization Name	Type of Activity	No. of Ho	ek	From:	volvement To:
Example: Big Brothers/Big Sisters	Mentoring	3	10	V01/17 t	o present
Indicate what types of activitie	es you plan to par	ticipate in w	hile attendi	ng colle	ge, if any?
SCHOOL ACTIVITIES (Durin	g high school y	ears only)			
Organization/Sport	Type of Activit	Per We		Year:	Number of Years::
Example: Student Government	leadersh 	•		36	2
Will you be involved in any sc	hool activities wh	ile attending	college?		
If yes, what types of activities	?				

Name:		
COLLEGE AND CAREER GOALS		
Vhat major will you pursue?		
Vhat degree do you expect to receive?		
Vhat are your plans after receiving your degree?		
COLLEGE COSTS FOR YOUR FRESHMAN YEAR (Do not include personal xpenses)		
lame of college you plan to attend:		
uition and Fees:		
doom and Board:		
ooks and Supplies:		
otal Cost:		
irst alternate college you plan to attend:		
uition and Fees:		
loom and Board:		
ooks and Supplies:		
otal 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.

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

Name:

ESSAY

Please prepare a 250-300 word essay about a time in your life that has shaped you as a person. Describe how this has influenced your chosen field of study. The essay should be typewritten and double-spaced on a separate sheet of paper

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, included in this application.

	Name:		
Date		Applicant's Signature	
Name	of High School	Print Name	
Name	or High School	Finit Name	
(ONLY COMPLETED APPLICAT	TIONS ACCOMPANIED BY ALL REQUIRED	
S	UPPORTING DOCUMENTATION	ON RECEIVED BY THE DEADLINE WILL BE	
	CONSIDERED	FOR THIS SCHOLARSHIP.	
		ealth Management	
	. •	27 Elmira St	
		re PA 18840 0-886-8400	
	Completed A	Applications will include:	
	Signed and dated Application		
	Any Applicable Acceptance Let	ters	
	FAFSA with Estimated Family 0	Contribution	

____ TWO Letters of Reference
One from member of the community
One from school district ("School District Recommendation" form)

Official Transcript

_ Essay

Name:		
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The Peter C. Van Vlack Scholarship Fund

School District Recommendation

Applicants: Recommendation to be completed by a <u>teacher, coach, advisor or administrator</u>

School District Personnel: please rate the personal qualities of this student as; outstanding, above average, average, or below average. A written recommendation is also required. Please use the space below and attach a separate sheet if necessary.

Quality	Outstanding	Above Average	Average	Below Average
Cooperativeness				
Respect				
Initiative/work ethic				
Leadership				
Personal Conduct				
Trustworthiness				
Maturity				

School District Personnel's written recommendation:	
School District:	
Position:	
School District Personnel's printed name:	
School District Personnel's signature:	
(Signature)	(Date)