

**Application for the
RICHMOND-PENNOCK FAMILY SCHOLARSHIP
Trust Fund**



All information required in this application will be held in strict confidence and used solely by the Scholarship Committee to determine your eligibility to receive funds. Each applicant will be notified as to date and place for the personal interview.

APPLICATION DUE BY MARCH 3, 2017

Return the completed application to:

Richmond-Pennock Family Scholarship Trust Fund
Garden Spot High School
669 East Main Street, Box 609
New Holland, PA 17557-0609
Attn: Career Resource Center

Application for Richmond-Pennock Family Trustee Scholarship

(Print in black ink or type all data)

Applicant _____
Permanent Address _____
City, State & Zip _____
Age _____ Single _____ Married _____
Number of Dependents _____
Social Security Number ____ - ____ - ____
Telephone Number (____) _____
Email Address _____
Garden Spot _____ Senior _____ Graduate _____
H.S. Graduation Date Mo _____ Yr. _____
Rank in Class _____ Class Size _____
Ceeb Scores (SAT)
Verbal _____ Math _____
Circle Yr. in College 1 2 3 4 5 6

Parent, Guardian, or Spouse:
Name _____
Relationship _____
Number of Dependents _____
Address _____
City, State & Zip _____
Company & Position Held:
Father _____
Mother _____
Spouse _____

U.S. Citizen _____ No _____ Yes *A copy of Proof of U.S. Citizenship must be provided with application. (E.g. Certified Birth Certificate, U.S. Passport. For a non-U.S. citizen or applicant not born in United States, a copy of Green Card, Certificate of Citizenship and/or Naturalization Certificate must be included.)*

List Dependents (Name)	Relationship	Age	Indicate if employed full Time or college student
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe your work experience (Last 2 years)

Employer:	Position:	Total Earnings:
_____	_____	_____
_____	_____	_____
_____	_____	_____

List school and/or community activities:

State briefly, but concisely, your aspirations:

Date

Applicant's Signature

Educational Institution in Which Enrolled

School or College _____ Accepted* _____ Pending _____ Enrolled*
Address _____ Will Live _____ on Campus _____ off Campus
_____ Commute
City _____ State _____ Zip _____

Major: _____ If nursing: RN BSN Year of Graduation _____

** You must provide proof of enrollment when submitting this application. (E.g. Letter of Acceptance, or Enrollment Verification document from institution you are enrolled in.)*

Financial Information

Estimated Cost for Next Year:

Tuition \$ _____
Books \$ _____
Room & Board \$ _____
Other \$ _____
Total \$ _____

Source and Amount of Funds Available:

Parents \$ _____
Own Income \$ _____
Other \$ _____
Spouse/Relative

Total Estimated Need \$ _____

Parents: _____ Rent _____ Own Home
_____ Mortgage Balance Owed \$ _____

Date Payment is Due _____

Outstanding Educational Loans?
_____ Yes _____ No Amount \$ _____

Term Begins _____

Enter Adjusted Gross Income (salary before deductions) as it appears on 20 _____ U.S. Income Tax Return or estimate if return hasn't yet been filed. \$ _____
(Parent or Spouse)

Other scholarships, grants, loans applied for or have been awarded:

Source	Amt. Sought or Rec.	Granted	Pending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please state any unusual or personal circumstances that may warrant special consideration by the Selection Committee:

Out of county applicants - please list dates of convenient for personal interview

I do hereby certify the information as submitted above to be true or correct.

Signature of Applicant _____ Date _____ Signature of Parent (if applicable) _____ Date _____

Completion of all information on application is important.