

PETER C. VAN VLACK SCHOLARSHIP

APPLICATION

Completed application and all supporting documentation must be delivered or postmarked and mailed by April 23, 2025 to one of the following:

- a) Capital First Trust Company, 700 W Virginia Street, Suite 500, Milwaukee, WI 53204
- b) Stone House Financial Planners, 319 Main Street, Towanda, PA 18848 OR 107 S. Elmer Ave., Sayre, PA 18840
- c) Your school guidance office, if allowed. Please consult with your school.

PERSONAL DATA

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell: _____ Date of Birth: _____

Email Address: _____

Father's Name: _____ Cell: _____

Occupation: _____ Employer: _____

Mother's Name: _____ Cell: _____

Occupation: _____ Employer: _____

Parent(s) Email: _____

Number of siblings: _____

Are any of siblings currently 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 support you, please indicate the following:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____ Employer: _____

Name: _____

EMPLOYMENT
(During high school years only)

Employer Name	Position or duties	Hours/week	Start and end dates of Employment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Do you plan to work during the summer? If so, full or part time? _____

COMMUNITY & VOLUNTEER ACTIVITIES
(During high school years only)

Organization Name	Describe Activity	Hours/week	Start and End Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

SCHOOL ACTIVITIES
(During high school years only)

Organization/Sport	If non-athlete, describe involvement	Hours/wk	Weeks/yr	Years of Participation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Will you be involved in any school activities while attending college? If so, please list here or attach additional sheets. _____

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:

2024 Adjusted Gross Income (AGI) (parents filing separately should list each parent's 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: _____

Attach a copy of your official high school transcript.

ESSAY

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.

REFERENCES

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, businesspeople and community or other organizational 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

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

COMPLETED APPLICATIONS WILL INCLUDE:

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

Name: _____

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SCHOOL DISTRICT RECOMMENDATION

Applicants: Recommendation to be completed by a teacher, coach, advisor, or administrator.

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 Contact				
Trustworthiness				
Maturity				

School District Personnel's written recommendation:

School District: _____

Position: _____

School District Personnel's Printed Name: _____

School District Personnel's Signature: _____
(Signature) (Date)