



**LYCOMING COUNTY CHAPTER
OF
PENNSYLVANIA ASSOCIATION OF
SCHOOL RETIREES
SCHOLARSHIP APPLICATION FORM**

APPLICANT: Please complete all pages of this application.

The Lycoming County Chapter of the Pennsylvania Association of School Retirees invites Lycoming County public high school seniors to apply for The Arlene B. Hafer Memorial Scholarship.

1. The applicant must be enrolled or intends to be enrolled as a full time student majoring in education in a 4 year accredited college/university.
2. The applicant must not be receiving a full scholarship from any other source.
3. If the scholarship recipient drops out of school before using the funds, those funds must be returned to the Lycoming County Chapter/Pennsylvania Association of School Retires (LCC/PASR).
4. The scholarship selection criteria shall include academic ranking, SAT scores, co-curricular activities, school/community recommendations and a need factor.
5. The selection committee of the Lycoming County Chapter will accept annually two applications from each of the county school districts. Deadline for application is April 1 of each year. This application may be copied if more copies are needed.

PERSONAL DATA

Name _____

Birthdate _____

Address _____

City _____ Zip _____

Home Phone _____

Name of Parents/Guardians _____

Ages Of Siblings _____ Siblings In College _____

Applicant's High School _____ Graduation Date _____

College/University You Anticipate Attending _____

Education Major: Field Of Concentration _____

Address Of College/University _____

SCHOOL AND COMMUNITY ACTIVITIES

List activities in which you participated during the school year.

List interest and activities outside of school.

List awards and honors you have received.

Are you working during the school year? _____ How many hours per week? _____

Where do you work? _____

Where do your parents work? _____

APPLICANT'S FINANCIAL DATA

Respond to the following:

1. Family taxable income as reported on IRS tax form. \$ _____
2. How much will your family contribute for your first year of college/ university? \$ _____
3. How much financial aid do you expect to receive to cover your first year of collegiate expenses.? \$ _____
4. What is the estimated total of your first-year college/university expenses? (tuition, room and board) \$ _____

All information presented herein is, to the best of my knowledge, accurate and true.

SIGNATURE _____

DATE _____

To complete the application complete the following steps

FINAL STEPS

1. Write a **BRIEF ESSAY** responding to the following question: What are your career goals and aspirations as an Educator?
2. Attach **2 LETTERS OF RECOMMENDATION** in support of your application from faculty/staff, employers or community individuals.
3. Have your counselor attach a **TRANSCRIPT** which includes grades through the first semester of the senior year, SAT's, GPA, and class rank.
4. **RETURN** your completed application **TO YOUR SCHOOL COUNSELOR** to mail to the LCCPASR Scholarship Committee. Scholarships not submitted through the school counselor will not be evaluated.