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| LOWER MERION TOWNSHIP SCHOLARSHIP FUNDAPPLICATION for 2023-24 | | | | | | | | | | | | | |
| 1. Student Information | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | |
| City: | | State: | | | | Zip: | | | | | | | |
| Student e-mail: | | | | Student cell: | | | | Home phone: | | | | | |
| High School: | | | | | | Grad Year: | | | | | | |
| Name of High School Counselor: | | | | | | | | | | | | | |
| Middle School: | | | | | | | | | | | | | |
| Elementary School: | | | | | | | | | | | | | |
| 1. Parent Information | | | | | | | | | | | | | |
| **Father**/Guardian: | | | | | | | | | | | | | |
| Address: | | | | | City: | | | | | State: | | | |
| Employed by: | | | | | Profession: | | | | | | | | |
| Telephone: | | | Cell: | | | | E-mail: | | | | | | |
| **Mother**/Guardian: | | | | | | | | | | | | | |
| Address: | | | | | City: | | | | | | State: | | |
| Employed by: | | | | | Profession: | | | | | | | |
| Telephone: | | | Cell: | | | | E-mail: | | | | | | |
| 1. Indicate extracurricular and community activities in which you participated, the number of years, and any offices, awards and honors: | | | | | | | | | | | | | |
| 1. What paid employment/work experience have you had during high school, including summer jobs? | | | | | | | | | | | | | |
| 1. What are your educational and/or professional goals? | | | | | | | | | | | | | |
| 1. List all scholarships or loans for which you have applied or will apply (e.g. FAFSA) Please also verify if you may be a recipient of a tuition benefit program through a parent’s employer: | | | | | | | | | | | | | |
| 1. List the names and relationships of members of your immediate family **currently** attending college. Indicate the college and expected year of graduation.  |  |  |  |  | | --- | --- | --- | --- | | Name | Relationship | College | Grad yr: | | 1. |  |  |  | | 2. |  |  |  | | 3. |  |  |  |  1. Provide a **recommendation letter** request to an individual (counselor, clergy, teacher etc.) to be completed and returned to the Scholarship Fund Office by **February 24, 2023**. If an individual has already prepared a recommendation letter for a university, that letter can be used for this purpose. A form letter is included in this packet, if needed. | | | | | | | | | | | | | |
| 1. List up to six institutions to which you have applied or expect to apply, and indicate the status of your application. | | | | | | | | | | | | | |
| Institution | | | | | | | | | Accepted | | | Pending | |
| 1. | | | | | | | | |  | | |  | |
| 2. | | | | | | | | |  | | |  | |
| 3. | | | | | | | | |  | | |  | |
| 4. | | | | | | | | |  | | |  | |
| 5. | | | | | | | | |  | | |  | |
| 6. | | | | | | | | |  | | |  | |
| 1. On a separate page, write a one-page **autobiographical sketch/essay.** Include experiences which have influenced your development or your educational and occupational plans, and the accomplishment that has given you the greatest satisfaction. Applicants may use a personal essay from a university application, if preferred. | | | | | | | | | | | | | |
| **Your Checklist:**  I have completed and submitted the following: | | | | | | | | | | | | | |
|  | 1. The completed 2023-24 Application form. | | | | | | | | | | | | |
|  | 1. One-page autobiographical sketch/essay. | | | | | | | | | | | | |
|  | 1. A copy of my parents’ **2021** Federal Income Tax Return and W-2’s. | | | | | | | | | | | | |
|  | 1. The completed Applicant’s Family Financial Summary. | | | | | | | | | | | | |
|  | 1. Transcript: I submitted the Student Record Release form to the Counseling Department Office on (date): | | | | | | | | | | | | |
|  | 1. I gave the letter requesting a recommendation to (name):   on (date):       to be completed and returned to LMTSF as soon as possible. | | | | | | | | | | | | |
| **I understand that any award will be for one year only and that I must reapply annually**. Should I receive a scholarship from any other source; I agree to notify the Lower Merion Township Scholarship Fund immediately. I have read this application and certify that all statements herein are true and complete to the best of my knowledge. | | | | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Signature of Applicant* | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Date* | | | | | | | |
| **Check to see that your application is completely filled out – provide a reason if anything has been left blank. No application will be processed unless all the requirements are completed by February 24, 2023. Please contact the LMTSF Office or your High School Counseling Department\*, if you have any questions about this application.**  **Lower Merion Township Scholarship Fund Office: 610-645-1893 or** [**donoghm@lmsd.org**](mailto:donoghm@lmsd.org)  **\*Lower Merion Counseling Department: 610-645-1838**  **\*Harriton Student Counseling Department: 610-658-3961** | | | | | | | | | | | | | |