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| LOWER MERION TOWNSHIP SCHOLARSHIP FUNDRENEWAL APPLICATION for 2024-2025 | | | | | | | | | | | | |
| 1. Student Information | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | |
| Permanent Address: | | | | | | | | | | | | |
| City: | State: | | | | | Zip: | | | | | | |
| Student e-mail: | | | Student cell: | | | | | Home phone: | | | | |
| High School: | | | | Grad Year: | | | | | | |
| College you are currently attending: | | | | | | | | | | |
| 1. Parent Information | | | | | | | | | | | | |
| **Parent 1**/Guardian 1: | | | | | | | | | | | | |
| Address: | | | | | City: | | | | State: | | | |
| Employed by: | | | | | Profession: | | | | | | | |
| Telephone: | | Cell: | | | | | E-mail: | | | | | |
| **Parent 2**/Guardian 2: | | | | | | | | | | | | |
| Address: | | | | | City: | | | | | State: | | |
| Employed by: | | | | | Profession: | | | | | | |
| Telephone: | | Cell: | | | | | E-mail: | | | | | |
| **Correspondence regarding applications and all other communication will be primarily through the applicant’s email and the email of Parent 1.** | | | | | | | | | | | | |
| 1. List the names and relationships of members of your immediate family **currently** attending college. Indicate the college and expected graduation year of each.  |  |  |  |  | | --- | --- | --- | --- | | Name | Relationship | College | Grad yr: | | 1. |  |  |  | | 2. |  |  |  | | 3. |  |  |  | | | | | | | | | | | | | |
| 1. Do you plan to continue your education at your current school in 2024-2025? | | | | | | | | | | | | |
| 1. If you plan to transfer, list the schools to which you will be applying:   ***You must advise the Scholarship Office as soon as possible when you change academic institutions and provide documentation and Financial Aid Package.*** | | | | | | | | | | | | |
| 1. What are your educational and/or professional goals? | | | | | | | | | | | | |

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| 1. List the sources of financial aid received this year and expected next year.   **Reminder**: ALL RENEWAL students must submit a copy of their **2024-25 Financial Aid Package.** Grants will not be officially awarded until after the receipt of this additional documentation. | | | | |
| Source of Aid | | Amount Received in 2023-24 | Indicate if you expect to receive this aid in 2024-25 |
| LMTSF Grant | | $ | Yes  No  Applied |
| University Grant(s) | | $ | Yes  No  Applied |
| Other Grant | | $ | Yes  No  Applied |
| PHEAA | | $ | Yes  No  Applied |
| PELL | | $ | Yes  No  Applied |
| SEOG | | $ | Yes  No  Applied |
| Tuition benefit program | | $ | Yes  No  Applied |
| Stafford Loan | | $ | Yes  No  Applied |
| Work Study | | $ | Yes  No  Applied |
| Please include estimated wages from employment if enrolled in a cooperative program: $ | | | | |
| 1. I have completed and am submitting: | | | | |
|  | 1. The completed Applicant’s **Family Financial Summary**. (download from LMTSF website) | | | |
|  | 1. A copy of BOTH parents’ complete **2022** Federal Income Tax Return, and W-2’s. Along with any additional financial documents noted on the Family Financial Summary form. | | | |
|  | 1. Transcript from Fall 2023 (Does **not** have to be official transcript) | | | |
| |  |  | | --- | --- | | I understand that, if awarded, this aid is for one year only, and that I must continue to 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 all statements on it are true and complete to the best of my knowledge, and I hereby apply for financial aid from the Lower Merion Township Scholarship Fund. | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Signature of Applicant*  *I agree that my electronic signature is the legal equivalent of my manual/handwritten signature on this document.* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Date* | | | | | |
| **Check to see that your application is completely filled out – provide an explanation if anything is left blank. No application will be processed unless all the requirements are completed by February 23, 2024. Please contact the LMT Scholarship Fund Office (610)645-1893 or donoghm@lmsd.org, if you have any questions about this application.** | | | | |