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| LOWER MERION TOWNSHIP SCHOLARSHIP FUNDAPPLICATION for 2025-26 | | | | | | | | | | | | | |
| 1. Student Information | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | |
| City: | | State: | | | | Zip: | | | | | | | |
| Student e-mail: | | | | Student cell: | | | | Home phone: | | | | | |
| High School: | | | | | | Graduation Year: | | | | | | |
| Name of High School Counselor: | | | | | | | | | | | | | |
| Middle School: | | | | | | | | | | | | | |
| Elementary School: | | | | | | | | | | | | | |
| 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. 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 21, 2025**. 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 ten 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. | | | | | | | | |  | | |  | |
| 7. | | | | | | | | |  | | |  | |
| 8. | | | | | | | | |  | | |  | |
| 9. | | | | | | | | |  | | |  | |
| 10. | | | | | | | | |  | | |  | |
| 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 2025-26 Application form. | | | | | | | | | | | | |
|  | 1. One-page autobiographical sketch/essay. | | | | | | | | | | | | |
|  | 1. The completed Applicant’s **Family Financial Summary**. (download from LMTSF website) | | | | | | | | | | | | |
|  | 1. A copy of my parents’ complete **2023** **Federal Income Tax Return** and W-2’s. | | | | | | | | | | | | |
|  | 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 understand that this is a **NEED-BASED** scholarship and based on my submitted financial documentation that I may not qualify for a grant from the LMTSF. | |  | I have lived in the Lower Merion School District for a minimum of **four years** and am (or will be) a graduate from the Lower Merion School District. |   I have read this application and certify that all statements herein are true and complete to the best of my knowledge. (Please check the following statements and sign below) | | | | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *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 a reason if anything has been left blank. No application will be processed unless all the requirements are completed by February 21, 2025. 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** [**lmtsf@lmsd.org**](mailto:donoghm@lmsd.org)  **\*Lower Merion Counseling Department: 610-645-1838**  **\*Harriton Student Counseling Department: 610-658-3961** | | | | | | | | | | | | | |