Text

Description automatically generated with low confidence

PO Box 346, Ardmore PA, 19003

Tel: 610.645.1893

Email: lmtsf@lmsd.org

November 2024

To: **New** Scholarship Applicants

From: The Lower Merion Township Scholarship Fund

Subject: Instructions for Application for 2025-2026 Academic Year

We are enclosing the necessary forms and instructions to apply for a scholarship grant for the 2025-2026 academic year. Within this document, you will find:

1. Instructions for completing 2025-26 Application

2. LMSD Student Record Release Form

3. Recommendation Request and Reply Forms

ELIGIBILITY: To be eligible to receive an award from the Scholarship Fund, you must have graduated from or be a graduating senior of Harriton or Lower Merion High Schools, have been a resident student in the Lower Merion School District for four years, and remain a full-time undergraduate student for the duration of the grant. Applicants must also demonstrate a financial need based on financial information and documentation submitted with his/her application, in order to be considered for a grant. (Need is determined by an independent financial consultant.) Grants are not automatically renewed annually. Applicants may reapply for a grant renewal, for a maximum of eight semesters. (A separate Grant Renewal Application is available on the LMTSF website.)

PLEASE READ ALL INSTRUCTIONS CAREFULLY. All forms must be completed and returned to the LMTSF office by February 21, 2025. Due to an ever-increasing number of applicants, we must hold fast to our February 21st deadline. Please also pay attention to deadlines of the schools to which you are applying. If you have questions concerning our instructions, please contact your School Counselor or LMTSF administrator at lmtsf@lmsd.org or 610-645-1893. If you do not follow these directions, we will not be able to process your application.

**INSTRUCTIONS FOR COMPLETING**

**Lower Merion Township Scholarship Fund**

**NEW APPLICATION**

1. The **LMTSF** **Application** forms and instructions must be downloaded from the LMTSF website, [www.lmtsf.org](http://www.lmtsf.org), under the “Apply” tab. **Applications must be completed using a computer**. Handwritten applications *will not* be accepted. Please refer to the checklist provided to ensure completion:

* Completed **New** **Application Form** for 2025-26 Academic year.
* **Student Autobiographical Sketch** (essay format) Students may submit previously written personal essay that had been prepared for university application instead.
* **Official High School Transcripts**: The **Student Record Release Form** (enclosed) must be filled out and returned to your Counseling Office by ***January 31, 2025****.* The Registrar will send your transcript directly to the LMTSF Office.
* **Letter of Recommendation**: You may use the form provided OR a letter prepared for a university reference. If letter is being sent directly to the LMTSF office, please let us know from whom we should expect the letter.
* **Family Finance Summary form and 2023 tax documents**: **Family Finance Summary form** must be downloaded from the LMTSF website, [www.lmtsf.org](http://www.lmtsf.org), under the “Apply” tab. (Form must be completed using a computer.) Please also provide copy of **BOTH** parent(s)’ **2023 Federal Tax Return** (with supporting Schedules and W-2’s, if applicable).

\*If biological or adoptive parents are divorced, separated, or are no longer living in the same household, a 2023 Federal Tax Return must also be included for the noncustodial parent. Please also include child support/alimony for the non-custodial parent. If for any reason it cannot be provided, please include a letter stating the reason and circumstances with your application.

**All financial documentation is kept confidential and provided ONLY to the outside financial consultant in order to determine financial need.**

1. Applicants have the option of submitting applications in one of three ways:

* Place all printed material in a large envelope and send via U.S. Postal Service to:

**Lower Merion Township Scholarship Fund**

**PO Box 346**

**Ardmore, PA 19003**

**Attn: Administrator**

* Place all printed materials into an envelope and ask your school counselor to send via Interoffice mail to:

**LMTSF Office**

**65 Rock Hill Road Building**

**Attn: Administrator**

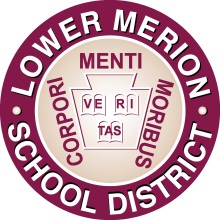
* Send all materials electronically. Please save your electronic application as **“*last name-first name*-NA-25-26**” and your Family Financial Summary form as, **“*last name-first name*-AFFP-25-26”.** Please remember if you are submitting your application via email, you MUST still sign your application. Please email all materials to [lmtsf@lmsd.org](mailto:donoghm@lmsd.org) and use ***“2025-26 NEW application: YOUR NAME”*** in the subject line. **\*\***

1. You will receive an email confirmation once application material is received. Please be aware that it may take a few days for materials to reach the LMTSF office and be processed.

**Deadline for all applications is Friday, February 21, 2025.**

**\*\*Helpful Tip**: If you need to scan copies of financial documents, use a scanning app from your mobile phone (such as *Adobe Scan*) so documents scan as PDF’s.

Lower Merion School District

 301 East Montgomery Avenue ♦ Ardmore, PA 19003-3399

Phone: 610-645-1800 ♦ Fax: 610-645-9772 ♦ [www.lmsd.org](http://www.lmsd.org/)

STUDENT RECORD RELEASE AUTHORIZATION FORM

TO POST-SECONDARY EDUCATIONAL INSTITUTION

**This form is required two weeks in advance of the application deadline.**

*In accordance with the Federal Privacy Rights of parents and students, the following signed*

*consent is necessary in order for Lower Merion School District to release student records.*

1. The undersigned hereby consents to the release of all education records about the student (identifying data,

birth date, academic work completed, level of achievement, grades, and attendance), letters of recommendation, and such other information as may be requested.

\_\_\_\_ YES \_\_\_\_ NO

1. The undersigned hereby consents to the release of disciplinary records as requested by the post-secondary educational institution application process including all suspensions, removals, and expulsions.

\_\_\_\_ YES \_\_\_\_ NO\*

\* If “no” is marked on this form, the high school will indicate this lack of consent on the

student’s application and the student and parent will be responsible for the decision of the

post-secondary educational institution to process the application without this information.

**Application Deadline Date**: \_February 21, 2025 Transcript for (circle one): College Coach **Scholarship**

(Circle one): **Early Decision Early Action Rolling Admission Regular Admission**

College/Scholarship/Agency to Receive Records: **LOWER MERION TOWNSHIP SCHOLARSHIP FUND**

Address of College/Scholarship: **P.O. BOX 346, ARDMORE, PA 19003**  .

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_­­\_\_

Name of Student (please print) Signature of Student

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_­­

­­­­­ Name of Parent (please print) Signature of Parent or Legal Guardian

Date Received: \_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received By: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Office use only)

**A Student Records Release Form Must Be Attached To Each Application**

Revised: 9/2008

**LOWER MERION TOWNSHIP SCHOLARSHIP FUND**

**Letter of Recommendation Request**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Applicant’s Name*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Applicant’s Address*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Date*

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

I have applied for an award from the Lower Merion Township Scholarship Fund, and I would appreciate it if you would provide a recommendation letter for me. Please answer the questions on the next page as fully and frankly as possible, and return it to:

LMTSF

PO Box 346

Ardmore, PA 19003

(Or through LMSD interoffice mail to LMTSF Office)

Your comments will be held in strict confidence and will only be made available to the members of the LMTSF Selection Committee.

If you would rather use E-Mail, please send your letter to the fund administrator, LMTSF Administrator at lmtsf@lmsd.org.

The recommendation is requested as soon as possible and no later than **February 15, 2025**.

If you are already writing a letter of recommendation to a college or university on my behalf, a copy of that would be also acceptable.

Thank you. I appreciate your help with this.

Sincerely,

***LOWER MERION TOWNSHIP SCHOLARSHIP FUND***

***Letter of Recommendation***

***(To be used in lieu of university recommendation letter, if preferred)***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name of Reference Title or Occupation*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Address*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Date*

Members of the Selection Committee,

This recommendation is for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who has requested I provide the following information as part of the Lower Merion Township Scholarship Fund application.

1. How long have you known the applicant?
2. In what context do you know the applicant?
3. What is your evaluation of the applicant in two or more of the following areas: Potential (such as leadership potential), Skills/Abilities/Strengths, Dependability, Consistence, Persistence, Motivation, Character, Contributions (to class or community), and/or Accomplishments? (Please use the reverse side if necessary).
4. What are the applicant’s most significant limitations?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Signature