

**SNAYBERGER MEMORIAL FOUNDATION – SCHOLARSHIP FUND  
APPLICATION INSTRUCTIONS FOR 2025-2026 SCHOOL YEAR**

Applicants whose parent or grandparent (**not** great-grandparent) worked at the Walkin Shoe Company during Harry Snayberger's lifetime prior to his death on 9/20/1974 will be given PREFERENCE (and are referred to as "Preference Students").

**Employees of M & T Bank and Wilmington Trust and their children/grandchildren are not eligible.**

**DOCUMENTS REQUIRED TO APPLY:**

- ORIGINAL** completed application (no photocopies) and application supplement.
- Two letters of recommendation on **OFFICIAL SCHOOL LETTERHEAD**, by members of the faculty and/or administration regarding the applicant's good character and good citizenship. Letters **MUST** be from a faculty/administration member who has worked with/taught/advised, etc., the applicant within the last **TWO YEARS**; must be signed by the author; and must have a current date. If school does not have official letterhead, letter of recommendation must address that fact.
- Affidavit, signed and notarized (if applying as Preference Student)

**ALL APPLICATIONS MUST BE POSTMARKED BY MARCH 31, 2025**  
**Late and/or incomplete applications will not be considered under any circumstance**

Mail applications to:  
Snayberger Memorial Foundation – Scholarship Fund  
c/o Manufacturers and Traders Trust Company  
Attention: Megan MacConkey, Fiduciary Advisor  
PO Box 1377  
Buffalo, NY 14240-9828

**Notification of the decision concerning your application will be mailed to your home address via letter postmarked by September 1, 2025. No information regarding application status will be provided prior to this date.**

**IF YOU ARE AWARDED A SCHOLARSHIP, IT IS YOUR RESPONSIBILITY TO CONFIRM WITH YOUR SCHOOL HOW THE FUNDS WILL BE APPLIED.**

**Additional applications are available from January 1 to March 31, by request via telephone at 800-278-5141. It is the responsibility of the applicant to obtain and complete a new application each year.**

**SCHOLARSHIP APPLICATION  
SNAYBERGER MEMORIAL FOUNDATION – SCHOLARSHIP FUND**

**FOR THE 2025-2026 SCHOOL YEAR**

Manufacturers and Traders Trust Company, Trustee  
P. O. Box 1377  
Buffalo, NY 14240-9828

**GENERAL PURPOSE OF THE FOUNDATION**

Application for a scholarship, under and subject to the following provisions in the Last Will and Testament of Harry Snayberger, late of the Borough of Schuylkill Haven, County of Schuylkill, State of Pennsylvania, deceased:

*“My Trustee shall provide funds for the education of worthy young (\*) men and women who or whose parents are unable to pay for said education at a college, university, graduate school, trade or vocational school. My Trustee shall give preference to the children and grandchildren of employees of the Walkin Shoe Company who were employed by said company at any time up to the date of my death or employed at the time of my death (\*\*)”*

(\*) Young has been interpreted as up to age 25.

(\*\*) The date of Mr. Snayberger’s death was September 20, 1974

*“My Trustee shall limit the payment of income to individuals who reside and corporations or organizations who perform charitable, scientific or educational services within the County of Schuylkill, Pennsylvania...”*

I, \_\_\_\_\_, state that I am a resident of the County of Schuylkill, State of Pennsylvania, and I am hereby applying for a scholarship under and subject to the above quoted provisions in Mr. Snayberger’s Will. I fully understand that any false statement made herein shall constitute reason for the revocation or withdrawal of any or all monies that may be granted on my behalf by the above-named Trustee, Manufacturers and Traders Trust Company. I further understand that any scholarship granted to me pursuant to this application is not a vested right, binding upon the Trustee and that the scholarship will be revoked by the Trustee if I should, for any reason, fail to continue as a student in an educational institution. **Furthermore, I am not an employee or a child or grandchild of an employee of M & T Bank or Wilmington Trust.**

(1) Name: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
(City/Town) (State) (Zip)

Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

(2) Date of Birth: \_\_\_\_\_

(3) Applicant's e-mail address: \_\_\_\_\_

(4) Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

(5) Did either (or both) of your parents work at the Walkin Shoe Company prior to or at the time of Mr. Snayberger's death on 9/20/1974? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

(6) Did either (or both) of your grandparents work at the Walkin Shoe Company prior to or at the time of Mr. Snayberger's death on 9/20/1974? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

Name of parent/grandparent employed by Walkin Shoe Company:

\_\_\_\_\_

Approximate dates the above parent/grandparent was employed at Walkin Shoe Company:

\_\_\_\_\_

(7) From what high school did you, or will you graduate: \_\_\_\_\_

Graduation year: \_\_\_\_\_

(8) Please indicate the college you anticipate attending: \_\_\_\_\_

(9) Mailing address of college (**where check will be sent**): \_\_\_\_\_

\_\_\_\_\_

(10) What year of college will you be entering in Fall 2025 (circle one):

1<sup>st</sup>    2<sup>nd</sup>    3<sup>rd</sup>    4<sup>th</sup>    Graduate School

**BY MY SIGNATURE, I HEREBY CERTIFY THAT ALL INFORMATION INCLUDED ON THIS APPLICATION IS TRUE AND CORRECT. I ACKNOWLEDGE THAT THE DEADLINE FOR SUBMISSION OF THE APPLICATION COMPLETED IS MARCH 31, 2025. I UNDERSTAND THAT IF THIS DEADLINE IS NOT MET MY APPLICATION WILL NOT BE CONSIDERED AND I WILL NOT BE ELIGIBLE FOR A SCHOLARSHIP AWARD. NO EXCEPTIONS TO THIS DEADLINE WILL BE GRANTED.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

AFFIDAVIT

FOR THOSE STUDENTS APPLYING AS PREFERENCE STUDENTS  
TO THE SNAYBERGER SCHOLARSHIP FOUNDATION

COMMONWEALTH OF PENNSYLVANIA )  
 ) SS:  
COUNTY OF SCHUYLKILL )

Before me, the undersigned notary public, this day personally appeared, \_\_\_\_\_  
\_\_\_\_\_.

known to me (or satisfactorily proven), who being duly sworn according to law, deposes and says:

I hereby certify that I am a **CHILD OR GRANDCHILD** of a Walkin Shoe Company employee, who was employed for any period of time during Harry Snayberger's lifetime prior to his death on September 20, 1974. **Furthermore, I am not an employee or a child or grandchild of an employee of M & T Bank or Wilmington Trust.**

**THIS PREFERENTIAL STATUS DOES NOT INCLUDE GREAT-GRANDCHILDREN, NIECES, OR NEPHEWS OF THE WALKIN SHOE EMPLOYEE.**

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

**If applying as Preference Student, this notarized Affidavit must accompany the application each year application is made**

**SNAYBERGER SCHOLARSHIP AWARD  
APPLICATION SUPPLEMENT**

The purpose of this Application Supplement is to acquire information regarding further qualifications to receive a grant from the Snayberger Scholarship Foundation. Your answers to the following questions will be reviewed by the Board of Advisors of the Foundation. The information you submit will be used for this purpose only and will remain confidential

Please type or print your answers clearly. If additional space is needed to answer any question, please attach an additional sheet which refers to the specific question number and which continues your answer. Any additional sheets may contain more than one answer.

**APPLICANT:**

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle Initial

**QUALIFICATION INFORMATION:**

1. What College/University do you plan to attend? \_\_\_\_\_
2. Is this institution considered a not-for-profit entity as defined by the Internal Revenue Service Section 501(c) (3)? Yes \_\_\_\_\_ No \_\_\_\_\_

**FINANCIAL AID INFORMATION:**

A. Household Information:

1. Total size of your permanent household, including all children and parents during the school year. \_\_\_\_\_
2. Of those persons considered in your answer to Question 1 above, how many will be enrolled full-time students at a post-secondary institution during the school year (including yourself)?  
\_\_\_\_\_
3. What is your household's cumulative Adjusted Gross Income as reported for Federal Income Tax purposes (line 37 of Form 1040)? \$ \_\_\_\_\_

B. Other Aid:

1. Projected Annual Cost of Attending this Institution: \_\_\_\_\_
2. Other sources of financial aid? Amount of each source?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return completed Application and any supporting documents to:**

Wilmington Trust Wealth Advisory Services  
ATTN: Megan MacConkey  
285 Delaware Avenue – 2<sup>nd</sup> Floor  
Buffalo, NY 14202  
[mmacconkey@wilmingtontrust.com](mailto:mmacconkey@wilmingtontrust.com)