

## **JAY REYNOLDS MEMORIAL SCHOLARSHIP, LAMBERTON SCHOLARSHIP, and JOSEPH AGNELLO Scholarship (Sponsored by the Franklin Elks Lodge #110)**

The Joseph Agnello Scholarship is made possible through the generosity of DR. Joseph Agnello. This is a \$2,500 scholarship and is renewable for up to four years. Applicants from Franklin, Rocky Grove and Venango Catholic high schools will be considered for this scholarship.

The Jay Reynolds Memorial and the Lambertton scholarship are both \$2,000.00 per year and are renewable for the Sophomore year. Applicants from any accredited high school in the Franklin Area School District, the Valley Grove School District and applicants from the A.C. Valley high school will be considered for the Lambertton Scholarship. Applicants graduating from Franklin and Rocky Grove High school will be considered for the Jay Reynolds Memorial Scholarship. One of the Lambertton scholarships will be awarded to an applicant pursuing a career in nursing.

You can apply for these scholarships by completing a single application. You will be considered for the appropriate scholarship(s) based on the high school you are graduating from.

Applicants of these scholarships will be judged on the following:

- Financial need
- Ability (based on testing)
- Achievement (applicants must be ranked in the top third of their graduating class)
- Evidence of worthy school and community citizenship
- Extracurricular activity

Applicants must complete and present "in bound form" the following records and materials:

- Application form
- Parents financial statements with a copy of their tax return for the current year
- Official high school transcript
- Essay approximately 300 words: "Why I have Chosen to Prepare for This Career"
- A letter of recommendation of one or more of your high school teachers or employers.
- A recent photograph
- Identification of your college choice and the name and address of the financial aid or business office.

Send all applications and communications to: Franklin Elks Lodge

Elks Scholarships

1309 Buffalo Street

Franklin, PA 16323

# **Application Deadline: April 15<sup>TH</sup>**

APPLICATION FOR THE ELKS LAMBERTON, JAY REYNOLDS MEMORIAL, AND JOSEPH AGNELLO SCHOLARSHIPS (Applicants will be considered for scholarships they are eligible for based on high school they are graduating from.)

STUDENT INFORMATION

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ HIGH SCHOOL ATTENDED \_\_\_\_\_

HONORS AND AWARDS \_\_\_\_\_

EXTRACURRICULAR ACTIVITIES \_\_\_\_\_

OFFICES HELD IN SCHOOL ORGANIZATIONS \_\_\_\_\_

COMMUNITY ACTIVITIES, AWARDS, ETC. (CIVIC AND RELIGIOUS) \_\_\_\_\_

EMPLOYMENT RECORD—EMPLOYER, POSITION, DATES \_\_\_\_\_

PLANNED COLLEGE MAJOR \_\_\_\_\_

NAME OF COLLEGE OR UNIVERSITY \_\_\_\_\_

ADDRESS OF FINANCIAL AID OFFICE \_\_\_\_\_

APPLICATION FOR ELKS SCHOLARSHIP

PARENTAL FINANCIAL DATA

FATHER \_\_\_\_\_ AGE \_\_\_\_\_ OCCUPATION \_\_\_\_\_

MOTHER \_\_\_\_\_ AGE \_\_\_\_\_ OCCUPATION \_\_\_\_\_

- 1. FATHER'S ANNUAL INCOME BEFORE TAXES \$ \_\_\_\_\_
- 2. MOTHER'S ANNUAL INCOME BEFORE TAXES \$ \_\_\_\_\_
- 3. ALL OTHER INCOME NOT INCLUDED ABOVE (INTEREST, DIVIDENDS, PENSIONS, ETC.) \$ \_\_\_\_\_
- 4. GROSS INCOME (1 + 2 + 3) \$ \_\_\_\_\_

5. ENCLOSE A COPY OF FEDERAL INCOME TAX RETURN.

6. NUMBER OF DEPENDENTS (EXCLUDING PARENTS) \_\_\_\_\_

7. NUMBER OF DEPENDENTS ATTENDING COLLEGE THIS YEAR \_\_\_\_\_

8. TOTAL MARKET VALUE OF HOME \$ \_\_\_\_\_

9. AMOUNT OF UNPAID MORTGAGE \$ \_\_\_\_\_

10. EQUITY IN FARM OR BUSINESS OWNED \$ \_\_\_\_\_

11. AMOUNT SAVED FOR EDUCATION OF APPLICANT \$ \_\_\_\_\_

12. DOES MOTHER OR FATHER PARTICIPATE IN A PENSION PLAN IN ADDITION TO SOCIAL SECURITY? YES \_\_\_\_\_ NO \_\_\_\_\_

13. OTHER FINANCIAL INFORMATION THAT YOU FEEL MAY BE RELEVANT.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am fully aware that should I fail to make such reports, no further applications for scholarships will be considered by the Scholarship Committee. In connection with this application for scholarship. I hereby authorize the administrator serving this program to request from any school attended by me: information, transcripts, financial records and any other records deemed necessary for the administration of this scholarship program, and I authorize and such school to submit any information, transcripts, and other records that may be requested by the scholarship administrator.

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

Signature of Parent/ Stepparent member \_\_\_\_\_ Date \_\_\_\_\_

### Statement of Certification of Authorization

By signing this application, I/ we authorize this agency for any year in which the applicant is considered for these Scholarships: to make public announcement of any award made to the applicant: to investigate in any manner deemed appropriated by this agency, the eligibility of the applicant for these Scholarships: to forward to the postsecondary institution(s)

Which the applicant listed of subsequently indicates that the applicant may attend and to others administering financial aid which may bear on eligibility under this application, all information on any application and all information subsequently submitted to or acquired by this agency.

I/we also authorize and direct other federal, state, and local government agencies, my high school, and my present and future employers to release to this agency information in their possession which may bear on my eligibility under this application. I/we

understand that all documents submitted to this agency becomes property of this agency and cannot be returned. I/ we declare under penalty of the criminal laws of the Commonwealth of Pennsylvania that the application has been examined by me/us and to the best of my knowledge and belief is a true, correct, and complete application. I, the applicant, understand that this scholarship, if awarded, cannot exceed unpaid charges by the institution for educational cost as determined by this agency (tuition and mandatory fees, room board and academic year allowance for books.)

By signing this application for the these Scholarships, I/we herby affirm that the signature below constitutes acceptance of the statement of Certification of Authorization on these pages, which are incorporated herein by reference and which I/we have read, understand, agree to and certify.

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

Signature of Parent/ Stepparent \_\_\_\_\_ Date \_\_\_\_\_

(required if student is less than the age of 18.)