

Elks Lodge #110

1309 Buffalo Street

Franklin, PA. 16323

Application Instructions for  
Ren D. and Duckie Latchaw Scholarship

**Eligibility**

The Latchaw Scholarships are for natural, adopted or stepchildren of members of Franklin Elks Lodge #110. The member must be married to the parent of the child to meet the definition of a stepparent. The parent member must have been a member of Franklin Lodge #110 for a minimum of three years at the time of the application. Children of deceased members who were in good standing at the time of their deaths are also eligible. Winners of scholarships must apply each year. Only undergraduate students may apply. The charity committee of Franklin Elks Lodge #110 each year will set the number of scholarships and the amount of the awards. The student cannot attain the age of 23 during or prior to the period of the application. The application must be filed by the member except when the member is deceased. The surviving parent should then make the application. Students must be attending college full time to receive this scholarship.

**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 statement with a copy of their tax return.
- Official High School transcript.
- Essay of approximately 300 words:” Why have I chosen to prepare for this career”.
- A letter of recommendation from one or more of your high school teachers or employers.
- Identification of your college choice and the name and address of the financial aid or business

Send all applications and communications to:

**Franklin Elks Lodge**

**Elks Scholarships**

**1309 Buffalo Street**

**Franklin Pa. 16323**

Peter J O’Polka

Lodge Secretary

Cell (814-671-8004)

Office (814-432-8119)

Email ([franklinelks@neohio.twcbc.com](mailto:franklinelks@neohio.twcbc.com))

**APPLICATION DEADLINE: April 15th**

# Ren D and Duckie Latchaw Scholarship

## Franklin Elks Lodge #110

Return promptly to Franklin Elk 1209 Buffalo Street

**Type or print all entries in ink.**

1. Name: \_\_\_\_\_

2. Address \_\_\_\_\_

3. City \_\_\_\_\_ Township \_\_\_\_\_ County \_\_\_\_\_

4. State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

5. Birthdate \_\_\_\_\_ High School Graduation Date \_\_\_\_\_

6. High Schools Attended

Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

7 School you are planning to Attend \_\_\_\_\_

School Address \_\_\_\_\_

Major Field of Study \_\_\_\_\_

Length of Program \_\_\_\_\_

Occupation Goal \_\_\_\_\_

8. Housing (check one)

Dormitory\_\_\_\_ Off campus Housing\_\_\_\_ Living at Home\_\_\_\_\_

9. Cost per Year \_\_\_\_\_

10. Fathers Name \_\_\_\_\_

Address \_\_\_\_\_

Place of Employment \_\_\_\_\_

Occupation \_\_\_\_\_

11. Mothers Name \_\_\_\_\_

Address \_\_\_\_\_

Place of Employment \_\_\_\_\_

Occupation \_\_\_\_\_

12 Attach any pertinent information that may not be covered regarding your request for this scholarship.

13 Is you parent/ stepparent a member of Franklin Elks Yes\_\_\_\_ No\_\_\_\_

14 Parent's / Stepparent's Membership Number # \_\_\_\_\_

15 Confirmation by Elks Lodge Secretary \_\_\_\_\_

I am fully aware that should I fail to make such reports, no further applications for scholarships will be considered by the Ren D and Duckie Latchaw 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 the Ren D and Duckie Latchaw Scholarship: to make public announcement of any Latchaw award made to the applicant: to investigate in any manner deemed appropriated by this agency, the eligibility of the applicant for a Latchaw Scholarship: 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 Ren D and Duckie Latchaw Scholarship, I/we hereby 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.)**