APPLICATION FOR: THE "MR. & MRS. CHARLES E. PENNEY SCHOLARSHIP TRUST FUND" MEMORIAL SCHOLARSHIP

Mail to: WALLKILL CENTRAL SCHOOL DISTRICT **C.E. Penney Scholarship Committee** 1500 Route 208, PO Box 310 Wallkill, New York 12589 (845) 895-7102

| Name: | Social Security Number: | | | |
|--|-------------------------|--|--|--|
| Year Graduated from Wallkill Senior High School: | | | | |
| Home Address: | | | | |
| Home Telephone Number: | Cell Phone Number: | | | |
| College Attending: | | | | |
| College Address: | | | | |
| Major: | | | | |
| GPA*: | | | | |
| Leadership/Extracurricular Activities: | | | | |

YEAR OF COLLEGE IN FALL 2025 (FULL TIME STUDENTS ONLY)

It was the intention of the creators of this Trust Fund to assist worthy students in completing their 3rd and 4th scholastic years of college and graduate school.

| | | Check One | | | |
|-------------|-----------------|-----------------|-----------------|-----------------|-------------------|
| | Und | ergraduate | Semester: | | Graduate Student: |
| | 5 th | 6 th | 7 th | 8 th | |
| Current Exp | enses You Ai | nd/Or Pare | nts Incur Fo | or A Full Y | ear Of College: |
| Tuition: | | | | _ | |

| Room/Board: | |
|----------------|--|
| Books: | |
| Miscellaneous: | |
| Total: | |

Current Financial Awards/Scholarships Total:

Please clearly write or type a short narrative explaining your personal goals and how the Scholarship money will be used. In addition, include in your narrative, information such as financial need, academic achievement or any other pertinent information that will be helpful to the Scholarship Committee.

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In order to process this application the following item must also be received:

Copy of Official College Transcripts

Deadline: Applications must be postmarked by or delivered by April 15, 2025

ONLY COMPLETE PACKETS WILL BE CONSIDERED