

**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
Walkkill, New York 12589
(845) 895-7102**

Name: _____ Social Security Number: _____

Year Graduated from Walkkill Senior High School: _____

Home Address: _____

Home Telephone Number: _____ Cell Phone Number: _____

College Attending: _____

College Address: _____

Major: _____

GPA*: _____ (**Minimum 3.25 Cumulative Average Required*)

Leadership/Extracurricular Activities: _____

YEAR OF COLLEGE IN FALL 2026 (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

Undergraduate Semester:

Graduate Student:

5th

6th

7th

8th

Current Expenses You And/Or Parents Incur For A Full Year Of College:

Tuition: _____

Room/Board: _____

Books: _____

Miscellaneous: _____

Total: _____

Current Financial Awards/Scholarships Total: _____

