



Franklin County Veterans Affairs

We Support You Scholarship

HIGH SCHOOL SENIORS APPLICATION

Today's Date: (MM/DD/YYYY)		Applicant's Date of Birth: (MM/DD/YYYY)	
Applicant's First Name:		Last Name:	Middle Initial:
Phone Number:		Email Address:	
Street Address:			
City:		State:	Zip:
How long have you lived at this address?		Are you a Franklin County Resident? YES NO	
Name of High School Attending:			
High School Street Address:			
City:		State:	Zip:
Graduation Date: (MM/DD/YYYY)		Phone Number of High School:	
Father's Name:		Father's Address:	
Father's Employer:		Father's Occupation:	
Mother's Name:		Mother's Address:	
Mother's Employer:		Mother's Occupation:	
Legal Guardian's Name:		Legal Guardian's Address:	
Legal Guardian's Employer:		Legal Guardian's Occupation:	
Veterans Name:		Veterans Relationship To Applicant:	
Veterans Branch of Service:		Veterans Type of Discharge:	
Does the Veteran have a Service Connected Disability?		Veterans Date of Death:	

Please list siblings or others dependent on family income.

Provide Name, age, grade and school attending (or occupation, if applicable), with each person being listed on a separate line below.

Name	Relationship	Age	Grade	School Attending (or Occupation)



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Please type or print your responses to the following questions. Use additional paper if necessary.

1. **Briefly describe your long-term and short-term goals, including the number of years of schooling anticipated to attain these goals.** (Your written statement is very important in the scholarship award decision.)

2. **List and give dates of all academic achievements, activities, civic honors, awards, &/or work experiences you have received/participated in during high school. Be sure to include leadership roles, if applicable. Make additional copies if needed.**

Circle Grade Level Below	Activity/Award <i>(ex: Student of the Month, Sept. 2016)</i> <i>(ex: Greyhound Varsity Football, quarterback, Lettered 10, 11 & 12 grades)</i> <i>(ex: Part time Employee-drive through order taker)</i>	Group/Team <i>(ex: Lunchtime Lions Club)</i> <i>(ex: Team Captain)</i> <i>(ex: McDonald's of Chambersburg)</i>
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Applicant Name:

3. *List in order of Personal Preference the names of academic institutions to which you have applied & the name of the program or degree anticipated. Indicate if you have been accepted; rejected or pending acceptance into their program.*

Name of Academic Institution	Degree Anticipated	Accepted; Rejected; Pending Acceptance?
1		
2		
3		

4. *List all other scholarships you have applied for.*

Scholarship Name	Received	Dollar Amount
	___ YES ___ NO ___ PENDING	\$
	___ YES ___ NO ___ PENDING	\$
	___ YES ___ NO ___ PENDING	\$
	___ YES ___ NO ___ PENDING	\$
	___ YES ___ NO ___ PENDING	\$
	___ YES ___ NO ___ PENDING	\$

5. *Using the chart below, itemize your anticipated annual expenses:*

Category	Estimated Cost
Tuition	\$
Room and Board	\$
Textbooks	\$
Transportation	\$
Other (list)	\$
TOTAL	\$

6. *Using the chart below, itemize your anticipated annual expenses:*

FAMILY \$	APPLICANT \$
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Applicant Name:	<i>Guidance Submission Page 1 of 3</i>
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WE SUPPORT YOU SCHOLARSHIP REFERENCE
TO BE COMPLETED BY HIGH SCHOOL GUIDANCE COUNSELOR

Name of High School:		
Street Address:		
City:	State:	Zip:
Applicant's Career Goals:		

H.S. Graduation Date:	Cumulative Class Rank:
Cumulative GPA:	Total H.S. Class Size:

Attendance Information:

Current School Year:	# Days Absent:	# Days Tardy:
Previous School Year:	# Days Absent:	# Days Tardy:

Test Score Information:

SAT:	Reading:	Math:	Writing:	Date:
	Reading:	Math:	Writing:	Date:
	Reading:	Math:	Writing:	Date:
ACT:	Composite:		Date:	

The above listed student is applying for a scholarship toward higher education in an accredited institution. Please assist by providing the following information:

1. Describe your relationship with this applicant.



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HIGH SCHOOL SENIORS APPLICATION

Applicant Name:

*Guidance Submission
Page 2 of 3*

2. Please answer the following as they relate to your knowledge of the applicant and his/her aptitude:

A. Describe the applicant's level of maturity-reliability, ability to deal with new situations, etc.

B. Assess the applicant's approach to academic life. Indicate initiative, conscientiousness, determination, promptness, accuracy, etc.

C. Why do you feel this applicant would be successful?



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Applicant Name:

**Guidance Submission
Page 3 of 3**

D. Give any personal comments that would further describe the applicant, his/her character, personality, attitude, etc.

The information I provided is accurate and true, to the best of my knowledge.

H.S. Guidance Counselor Signature :	Printed Name:
Email Address:	Phone Number:

**GUIDANCE SUBMISSION: Applications are to be completed and returned to the applicant in a sealed envelope.
Deadline for the applicant's completed application to be considered, it must be received by 4:30 PM on March 31, 2022 in its entirety.**

**Your help in providing this information is greatly appreciated. If you have any questions concerning this reference form, please contact Franklin County Veterans Affairs at 717-263-4326, between the hours of 8:30AM - 4:30 PM.
Thank You!**



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HIGH SCHOOL SENIORS APPLICATION

WE SUPPORT YOU SCHOLARSHIP REFERENCE

(Applicant should complete the highlighted portion only)

First Reference Submission

Page 1 of 3

Applicant's First Name:	Last Name:	Middle:
Phone Number:	Email Address:	
Street Address:		
City:	State:	Zip:
<i>Applicant's Career Goals:</i>		

**THE FOLLOWING IS TO BE COMPLETED BY AN ADULT WHOM YOU BELIEVE
WILL PROVIDE A POSITIVE RECOMMENDATION:**

The above listed student is applying for a scholarship toward higher education. Please assist by providing the following information:

1. Describe your relationship with this applicant.

2. Please answer the following as they relate to your knowledge of the applicant and his/her aptitude:

A. Describe the applicant's level of maturity-reliability, ability to deal with new situations, etc.



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Applicant Name:

*First Reference Submission
Page 2 of 3*

B. Describe the applicant's level of maturity-reliability, ability to deal with new situations, etc.

C. Assess the applicant's approach to academic life. Indicate initiative, conscientiousness, determination, promptness, accuracy, etc.

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Applicant Name:

*First Reference Submission
Page 3 of 3*

E. Give any personal comments that would further describe the applicant, his/her character, personality, attitude, etc.

The information I provided is accurate and true, to the best of my knowledge.

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Email Address:	Phone Number:

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Second Reference Submission

(Applicant should complete the highlighted portion only)

Page 1 of 3

Applicant's First Name:	Last Name:	Middle:
Phone Number:	Email Address:	
Street Address:		
City:	State:	Zip:
Applicant's Career Goals:		

**THE FOLLOWING IS TO BE COMPLETED BY AN ADULT WHOM YOU BELIEVE
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Applicant Name:

Second Reference Submission
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B. Describe the applicant’s level of maturity-reliability, ability to deal with new situations, etc.

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