



# Franklin County Veterans Affairs

## We Support You Scholarship

### HIGH SCHOOL SENIORS APPLICATION

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

*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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**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
<b>Tuition</b>	\$
<b>Room and Board</b>	\$
<b>Textbooks</b>	\$
<b>Transportation</b>	\$
<b>Other (list)</b>	\$
<b>TOTAL</b>	\$

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

<b>FAMILY \$</b>	<b>APPLICANT \$</b>
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<b>Applicant Name:</b>	<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**

<b>Name of High School:</b>		
<b>Street Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Applicant's Career Goals:</b>		

<b>H.S. Graduation Date:</b>	<b>Cumulative Class Rank:</b>
<b>Cumulative GPA:</b>	<b>Total H.S. Class Size:</b>

**Attendance Information:**

<b>Current School Year:</b>	<b># Days Absent:</b>	<b># Days Tardy:</b>
<b>Previous School Year:</b>	<b># Days Absent:</b>	<b># Days Tardy:</b>

**Test Score Information:**

<b>SAT:</b>	<b>Reading:</b>	<b>Math:</b>	<b>Writing:</b>	<b>Date:</b>
	<b>Reading:</b>	<b>Math:</b>	<b>Writing:</b>	<b>Date:</b>
	<b>Reading:</b>	<b>Math:</b>	<b>Writing:</b>	<b>Date:</b>
<b>ACT:</b>	<b>Composite:</b>		<b>Date:</b>	

**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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### HIGH SCHOOL SENIORS APPLICATION

**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.*

<b>H.S. Guidance Counselor Signature :</b>	<b>Printed Name:</b>
<b>Email Address:</b>	<b>Phone Number:</b>

**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, 2023 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!**





# Franklin County Veterans Affairs

## We Support You Scholarship

### HIGH SCHOOL SENIORS APPLICATION

**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.**

**D. Why do you feel this applicant would be successful?**





# Franklin County Veterans Affairs

## We Support You Scholarship

### HIGH SCHOOL SENIORS APPLICATION

**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.*

<b>Signature:</b>	<b>Printed Name:</b>
<b>Email Address:</b>	<b>Phone Number:</b>

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## We Support You Scholarship

### HIGH SCHOOL SENIORS APPLICATION

### WE SUPPORT YOU SCHOLARSHIP REFERENCE

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  
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.



# Franklin County Veterans Affairs

## We Support You Scholarship

### HIGH SCHOOL SENIORS APPLICATION

**Applicant Name:**

*Second 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.**

**D. Why do you feel this applicant would be successful?**



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## We Support You Scholarship

### HIGH SCHOOL SENIORS APPLICATION

**Applicant Name:**

*Second 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.*

<b>Signature:</b>	<b>Printed Name:</b>
<b>Email Address:</b>	<b>Phone Number:</b>

**REFERENCE 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, 2023 in its entirety.**

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