

Elmer A. and Annabelle C. Snyder Educational Trust Scholarship Application

Section I:

The Elmer A. and Annabelle C. Snyder Education Trust was established by the late Elmer A. Snyder to provide financial support in the form of scholarships to high school graduates who are Armstrong County residents and desire to pursue further education at a college, university or other similar institution. Consideration will be given to the student's academic record, social aptitude, economic need, as well as other matters which may be pertinent.

Section II:

Student's Full Name: Miss/Mr. _____

Student's Address: _____

Student's Phone Number: (**required**): Home: _____ Cell: _____

Email Address: _____

Date of Birth: _____ Date of Graduation: _____

Name of High School: _____

Section III:

Father's Name: _____

Address: _____

Phone Number: _____

Mother's Name: _____

Address (if different): _____

Phone Number (if different): _____

Parent's or Guardian's Statement (to be completed by them):

Financial Information	
Father's Occupation:	Father's Gross Wages:
Mother's Occupation:	Mother's Gross Wages:
Additional Sources of Income: <small>(social security, pensions, benefits, aid, etc.)</small>	Amount:
Additional Sources of Income: <small>(social security, pensions, benefits, aid, etc.)</small>	Amount:
Total Number of Dependent Children:	Total Adjusted Gross Income:

**PLEASE COPY BOTH SIDES OF
THIS APPLICATION. INCOMPLETE
APPLICATIONS WILL NOT BE
ACCEPTED. THANK YOU.**

Section IV:

School Activities (mention any offices held): _____

Community Activities (church, scouts, other): _____

Work Experience (no. of years): _____

Honors & Awards (state the year and nature of honor or award—example: National Honor Society, 2011):

In a short personal statement, indicate why you believe you should be considered for this scholarship:

For what vocation or profession do you plan to prepare? _____

What college or university do you plan to attend? _____

List below any other factors you consider important in evaluating your scholarship application: _____

Applicants must attach the following items:

1. Two (2) letters of recommendation from persons whom you have known at least one year.
2. High School Transcripts

Section V:

By signing below, I am stating that the information outlined above is true and correct. I realize that funds for financial assistance are limited and subject to change. In order to receive scholarship awards, participants will be selected based on requirements stated in our mission statement in Section I.

Signature of Applicant: X _____ Date: _____

Please have a Guidance Counselor ONLY send your application, enclosures and a transcript of your grades to:

***Elmer A. & Annabelle C. Snyder Educational Trust
Attn: Kelly L. Frantz
P.O. Box 1022
Kittanning, PA 16201***

***This application must be received by **June 1, 2024** to be considered. There are no exceptions.**

***Scholarships will be awarded by August 1, 2024. Applicants will be notified by letter if they have been chosen.**

FOR INTERNAL USE ONLY					
Date Received:		Received By:		Scholarship Award:	
Reviewed By:		Approved By:		Need/Merit	