

In consideration of the facts set forth in this application, I respectfully petition the Luzerne Intermediate Unit Scholarship Advisory committee to consider me for financial assistance, beginning with the 20__ term, the stipend to be paid to the following only in the case I am an undergraduate student in regular and good standing:

Name of Institution

Address of Institution

APPLICANT INFORMATION

1. Full name: _____
2. Home address: _____
Number, Street, City and Zip
3. Date of Birth: _____ 3a. Place of Birth _____
4. Social Security Number: _____ 4a. Phone Number _____
5. Parents full names:
Father _____ Place of Birth _____
Mother _____ Place of Birth _____
6. Is either parent deceased? NO _____ YES _____
7. Father's occupation _____
Mother's occupation _____
8. How many are dependent on the income of your parent or parents? List them, giving names and ages of siblings:

ANNUAL INCOME OF PARENT AND/OR PARENTS

- | | | | |
|----|-----|---|----------|
| 1. | (a) | Salaries and wages after taxes..... | \$ _____ |
| | (b) | Other income..... | \$ _____ |
| | | Net income..... | \$ _____ |
| 2. | | Federal Income Tax paid last year by parent or parents..... | \$ _____ |

9. If any member of your immediate family, other than your parent or parents, are employed, name them and state their occupation

10. Name any brothers and sisters who are in college at the present time and state which college:

11. How much money *beyond what you will earn* can you count on for your college or other training school expenses for the coming year? _____

12. From what source is this money expected? _____

13. Please estimate the amount you will need each year to meet college expenses, including tuition, room, board, fees, transportation, etc: _____

14. What profession or vocation do you plan to prepare: _____

15. Name of High School you presently attend _____

16. Grade Level: _____

17. Have you been awarded any other scholarships? _____ Yes _____ No

STATEMENT OF FINANCIAL NEED

(To be completed by applicant)

I declare that neither my parents, nor guardians, nor myself, have the means to enable me to undertake this training course without such aid. I understand that all aid is conditional upon satisfactory conduct and scholarship.

Date

Signature of Applicant

NOTE: In case the foregoing statement does not accurately represent the facts, it is necessary to attach a note of explanation.

TO BE SIGNED BY PARENT OR GUARDIAN

I hereby declare that I have read the foregoing statements and that to the best of my knowledge and belief, they are correct.

Date

Parent or Guardian