

THE HARRY T. STODDART FUND
Girard Bank, Philadelphia, PA, 19101, Trustee

**APPLICATION FOR THE
ELIZABETH CADWALADER STODDART
SCHOLARSHIP**

This Scholarship, according to the Will of Harry T. Stoddart, deceased, is awarded to girls who cannot, without such aid, meet the expenses of learning a trade, vocation, business or profession to enable them to support themselves. It is therefore, essential that each applicant furnish complete and accurate information concerning the extent of her need, confirmed by the signature of parent or guardian. So far as practicable, it will be treated as confidential. Please be careful to answer all questions, being as specific as possible.

In order to receive full consideration, applications for financial assistance must be submitted by **APRIL 1** to the Luzerne Intermediate Unit, 368 Tioga Avenue, Kingston, PA 18704.

Prospective applicants should note that their applications for admission to a college, vocational school, or other must be approved by the institution to which admission is desired before consideration can be given to their applications for financial assistance.

The money value of this Scholarship will be paid over by the Trustee to the institution (College, vocational school or other) for cost of tuition and also to pay such other amounts, such as board, lodging and incidental expenses, as the Luzerne Intermediate Unit Scholarship Advisory Committee shall from time to time certify to the Trustee.

RETURN APPLICATION TO:

Dr. Anthony Grieco
Executive Director
Luzerne Intermediate Unit #18
368 Tioga Avenue
Kingston, PA 18704

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