

**ADA JANE LEPLEY TRUST FUND
SCHOLARSHIP APPLICATION**

Name _____
 Last First Middle

Parent/Guardian _____

Address _____
 Street Town Zip Township/Borough

Phone () _____ Social Security Number _____ - _____ - _____

Please list the names and address of the post-secondary school that you will be attending in the fall:

Name _____

Address _____

List major field of study _____

FINANCIAL INFORMATION –
Please estimate your annual household income (This information will be kept confidential.)

CIRCLE ONE:

- | | |
|-----------------------|----------------------|
| A. Less than \$10,000 | D. \$30,000-\$40,000 |
| B. \$10,000-\$20,000 | E. \$40,000-\$50,000 |
| C. \$20,000-\$30,000 | F. \$50,000 or above |

For Office Use Only:

Approved: _____ Rejected: _____ Amount Awarded: _____

Principal _____ Date _____

Guidance Counselor _____

Date Application Received _____

**T/U/W ADA JAYNE LEPLEY
SCHOLARSHIP TRUST**

TERMS OF THE SCHOLARSHIP:

I hereby confirm that I have resided, during my Senior High School years, in Adams, Beaver, Spring, or West Beaver Township or in Beavertown or McClure Borough, and that I am a graduate of Midd-West High School.

I also agree to apply the Scholarship funds that I receive from the Trust towards the cost of continuing my formal education beyond high school.

Parent Signature

Student Signature

Printed Name

Printed Name

Date

Date

Please indicate the name and address of the college you will be attending below:

