## NIPPENOSE VALLEY FOUNDATION

Application for scholarship grants to students of all ages and vocations. Applications are available by calling or writing to:

Nippenose Valley Foundation 285 Hinaman Hollow Lane Jersey Shore, PA 17740

570-745-7517

Applications may also be available at the Jersey Shore Area High School and the Oval Country Store.

The Nippenose Valley Scholarship awards will be given to students who have an over all average of at least 3.0, show financial need, and live in the Jersey Shore School District (with preference given to students who live in Limestone, Bastress and Crawford townships). The applicant must be accepted to a university, college or trade school. By turning in an application the applicant agrees to abide by the board's decision and not challenge it in any way.

Applications are due on July 15, 2023

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List your community and church activities				
List any special honors or awa	ards			
Attach a letter of recommenda	ation from a teacher, super-	visor or pastor.		
In about 50 words please explyour education and your futur	lain the importance of this sere.	scholarship, how it would benefit		
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If you are dependent upon others for your financial support, please complete the following: Check all that apply: Check if living: Parents together \_Father Parents separated Mother \_Parents Divorced \_Stepfather \_Legal guardian \_\_Stepmother other then my parents \_Parent(s) unable to work Widowed If you are dependent upon others for your financial support, please list the name, address and phone # for those responsible for your support.

## INCOME AND EXPENSES

In order to be considered for this scholarship, applicants must submit true copies of their and their parents/guardians W-2 and 2022 Federal Income Tax forms (1040). If your parents/guardians are self-employed, you need to submit a true copy of Schedule C of their Federal Income Tax form.

	Last Year 2021	This Year		
1. Non taxable income	\$	\$		
A. Social Security Benefits	\$	\$		
B. Veterans Benefits	\$	\$		
C. Welfare Benefits	\$	\$		
D. Other Non-Taxable Income	\$	\$		
2. Total Non-Taxable Income	\$	\$		
3. Medical and dental expenses not covered by insupremiums	rance and medical ins	urance		
	\$	\$		
4. Emergency expenses	\$	\$		
We affirm that all the above information is true and	l accurate.			
Signature of applicant	Signature of parent/g	guardian		
 Date				
Sworn and subscribed to before me, this	day of			
A. D				
SEAL	(NOTARY PUBLIC	)		
My Commission Expires				