

***William L. & Victory B. Sechrist  
Endowment Fund Scholarship  
Renewal Application***



***Award amounts may vary from year to year.***

***All NEW applicants are to complete the FULL application.***

**Applications available: March 15, 2026**

**Due date to the Jersey Shore Area Senior High School:  
April 15, 2026 by 3:00 pm**

Please send the completed application and  
your **official** college transcript from the Registrar's Office to:

**Guidance Office  
Attn: Sechrist Scholarship  
Jersey Shore Area Senior High School  
701 Cemetery Street  
Jersey Shore PA 17740**

***The William L. & Victory B. Sechrist Endowment Fund  
Scholarships are granted to aid qualifying Jersey Shore students  
in achieving a higher education.***

***(Please print or type all information)***  
***William L. & Victory B Sechrist Endowment Fund Scholarship***  
***Renewal Application***

This application should be accurately completed by both the Student and Parent/Guardian.

**Date Submitted:** \_\_\_\_\_ for office use during 2025-26 term.  
For distribution during the 2026-27 term.

**Student Applicant's Name:** \_\_\_\_\_  
Last First Middle Initial

**E-mail Address:** \_\_\_\_\_

**Primary Contact Number:** \_\_\_\_\_

**Home Address (Street/City/State/Zip):** \_\_\_\_\_

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**Parent/Guardian Name:** \_\_\_\_\_

**Home Address (Street/City/State/Zip):** \_\_\_\_\_

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**Will you be enrolled in a four-year College/University program or a program leading to a Registered Nurse degree?**  Yes  No

**Will you be enrolled as a full-time student?**  Yes  No

**Name/address of College/University/Nursing School:**

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**Current Major:** \_\_\_\_\_

**Anticipated Year of Graduation:** \_\_\_\_\_

Name: \_\_\_\_\_

*(Please print or type all information)*  
**William L. & Victory B Sechrist Endowment Fund Scholarship  
Renewal Application**

**Career Plans:**

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**List your College Activities:**

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**List Your Interests:**

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Approval is hereby given for the district to share my transcript with the Awards Committee.  
I request that my application for scholarship funds be given consideration and do affirm that all  
information contained herein is to the best of my knowledge true and correct.

\_\_\_\_\_  
Signature of Parent/Guardian or Student (if over the age of 18)

*Due date for the application and transcript is **April 15, 2026, by 3:00 pm***

*Return completed application and college transcript to:*

*Guidance Office  
Attn: Sechrist Scholarship  
Jersey Shore Area Senior High School  
701 Cemetery Street  
Jersey Shore, PA 17740*

*All information will be kept confidential.*