PETER C. VAN VLACK SCHOLARSHIP

APPLICATION

Completed application and all supporting documentation must be delivered or postmarked and mailed by April 23, 2025 to one of the following:

- a) Capital First Trust Company, 700 W Virginia Street, Suite 500, Milwaukee, WI 53204
- **b)** Stone House Financial Planners, 319 Main Street, Towanda, PA 18848 <u>OR</u> 107 S. Elmer Ave., Sayre, PA 18840
- c) Your school guidance office, if allowed. Please consult with your school.

PERSONAL DATA

Name:				
	State			
Cell:			Date of Birth:	
Email Address:				
Father's Name:			Cell:	
Occupation:		Employer: _		
Mother's Name:			Cell:	
Occupation:		Employer: _		
Parent(s) Email:				
Number of siblings: _				
Are any of siblings cu	arrently attending colle	ege? If yes, how n	nany?	
If so, indicate where t	they are attending:			
Do you live with:	Both Parents	Mother	Father	Other
If someone other tha	ın your parents suppo	ort you, please in	dicate the foll	lowing:
Name:		Re	lationship:	
Address:				
City:	State	e:		Zip:
Occupation:		Employer		

Name:

EMPLOYMENT

(During high school years only)

Employer Name	Position or duti	es Ho	urs/week	Start and end dates of Employment
	art time during the college schooluring the summer? If so, full or			
	COMMUNITY & VOL		VITIES	
Organization Name	Describe Activity	Hours/v	week	Start and End Dates
Indicate what types of	activities you plan to participate	in while attendi	ng college,	if any
	SCHOOL A (During high see	CTIVITIES hool years only)		
Organization/Sport	If non-athlete, describe involvement	Hours/wk	Weeks/y	Years of Participation
•	n any school activities while atte		f so, please	e list here or attach

Name:

COLLEGE AND CAREER GOALS

What major will you pursue?
What degree do you expect to receive?
What are your plans after receiving your degree?
COLLEGE COSTS FOR YOUR FRESHMAN YEAR (Do not include personal expenses)
Name of college you plan to attend:
Tuition and Fees:
Room and Board:
Books and Supplies:
Total Cost:
First alternate college you plan to attend:
Tuition and Fees:
Room and Board:
Books and Supplies:
Total Cast:

Please attach a copy of tuition/cost page from the above referenced schools, your student financial aid package and any acceptance letters you have received.

Name:				

ESSAY

Prepare a 250–300-word essay about a time in your life that has shaped you as a person. Describe how this has influenced your chosen field of study. The essay should be typewritten and double-spaced on a separate sheet of paper.

REFERENCES

Attach to this application a total of two letters of reference, from people who are not related to you.

The first letter must be from a non-school related individual. We suggest employers, businesspeople and community or other organizational leaders.

The second letter must be from a teacher, coach, activity leader, or a member of the administrative staff from the school you currently attend or have formerly attended. School Personnel should use the "School District Recommendation" form, included in this application.

	Name:
Date	Applicant's Signature
Name of High School	Print Name
ONLY COMPLETED APP	LICATIONS ACCOMPANIED BY ALL REQUIRED
SUPPORTING DOCUMEN	TATION RECEIVED BY THE DEADLINE WILL BE
CONSIDI	ERED FOR THIS SCHOLARSHIP.
COMPLETE	D APPLICATIONS WILL INCLUDE:
Signed and Dated Application	
Any Applicable Acceptance Le	etters
FAFSA with Estimated Family	Contribution
Official Transcript	
Essay	
TWO Letters of Recommenda	ion
One from member of the	ne community.
One from school distric	et ("School District Recommendation" form).

Name:

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SCHOOL DISTRICT RECOMMENDATION

Applicants: Recommendation to be completed by a teacher, coach, advisor, or administrator.

School District Personnel: Please rate the personal qualities of this student as outstanding, above average, average, or below average. A written recommendation is also required. Please use the space below and attach a separate sheet if necessary.

Quality	Outstanding	Above Average	Average	Below Average
Cooperativeness				
Respect				
Initiative/Work Ethic				
Leadership				
Personal Contact				
Trustworthiness				
Maturity				
_	_			
School District Personne	el's written recom	nmendation:		

School District Personnel's writte	n recommendation:	
School District:		
Position:		
	d Name:	
School District Personnel's Signa	ture:	
	(Signature)	(Date)