

Scholarship Application

Application due date: April 26, 2024

Armstrong County Herb Group

Scholarship 2024

\$1000.00

1. DEADLINE for scholarship applications is *April 26, 2024* **(NO EXCEPTIONS)**
2. Refer to the application process below for a list of the supporting documents needed (i.e., reference forms, evidence of GPA, etc.) Incomplete applications will not be considered.
3. If any question does not apply to you in this application please put N/A in the space.
4. Type or print legibly. Illegible applications will be returned to you.
5. You will be notified by phone or mail by May 15, 2024 regarding the status of your application.
6. If you have any questions about the application, contact us by email at JenWillyard@gmail.com

FINANCIAL ASSISTANCE *is based on academic performance, leadership potential, and future participation in forestry, State Parks ranger, Earth sciences: educational, environmental, conservation, agricultural, nutritionist/ dietician, Science teacher (Vo Ag Tech school) and Natural Studies*

SCHOLARSHIP AWARDS

The Armstrong County Herb Group awards scholarships on the basis of a comprehensive process. Areas that are reviewed by the committee include, but are not limited to the following: *Academic Accomplishments, Community Service, References, and Personal Essay. Scholarship funds are paid directly to the recipient.*

CRITERIA

- Applicants must have permanent residence status in Armstrong County, PA, attend one of the High Schools of the County of Armstrong *and must be a permanent resident of the United States.*
- Applicants must be completing high school successfully with a minimum unweighted GPA of 3.0 on a 4.0 scale.
- Applicants must be accepted as a full time student at a *college, university, or trade school* program for the Fall 2024 academic semester.
- Applicants must complete and submit a Scholarship Application postmarked by April 26, 2024.
- Applicants must complete a minimum 250 word essay on why they should be considered for this scholarship.

TIMELINE

- Applications are due **April 26, 2024**
- Applicants are notified if awarded a scholarship by May 15, 2024

Application Process

SCHOLARSHIP APPLICANTS MUST PROVIDE:

- Completed application form.
- Official high school transcript in a sealed envelope from the institution.
- Two letters of recommendation.
- Proof of acceptance at an academic, vocational or technical school for post-secondary studies.
- A minimum 250 word essay.
- A letter of acceptance from the college or university or proof of enrollment

Deadline for the application is FRIDAY, APRIL 26, 2024.

Applications can either be emailed to:

JenWillyard@gmail.com

Or mailed to:

Armstrong County Herb Group
623 Woodlawn Road
Ford City, PA 16226

Applications postmarked after April 26, 2024 will not be considered.

Application 2024-must be filled out by the applicant.

Please type or print your answers below. A separate sheet may be used if needed. If the application is illegible it will be returned to you.	
1	<div>Last Name: _____</div> <div>First Name: _____</div>
2	<div>Mailing Address::</div> <div>Street: _____</div> <div>City: _____ State: _____ ZIP: _____</div>
3	<div>Daytime Telephone Number: ()</div> <div>Email address: _____</div>
4	<div>Current High School: _____</div> <div>High School Graduation date: _____</div>
5	<div>I will be attending the following school in the <u>Fall of 2024</u>: _____</div> <div>Address/ Phone _____</div>
6	<div>Will you be a full time student? _____</div> <div>(minimum 12 hrs.)</div>
7	<div>Will you be a commuting student? Will you live on campus? _____</div> <div>If you are not living on campus, where will you be living? _____</div>
8	<div>Grade Point Average (GPA): _____ (On a 4.0 scale)</div> <div>Attach proof of GPA; your most recent official school transcript required.</div>
9	<div>ACT Score: _____</div> <div>Or</div> <div>SAT Score: _____</div>

10	Name & address of parent(s) or legal guardian(s): Use reverse side of application if you need more space. Name (s) _____ Street: _____ City: _____ State: _____ ZIP: _____ Home phone of parents or legal guardians: _____	
11	What specialty/major do you plan to major in as you continue your education?	
12	List other financial assistance you will receive per semester or quarter:	
	A.	Personal: (currently working or work /study during school) Amount: \$
	B.	Other Scholarship(s): Amount: \$
	C.	Grants: Amount: \$
	D.	Student Loan(s): Amount: \$

Please list the following information on a separate sheet if needed.

13	SCHOOL EXTRA-CURRICULAR ACTIVITIES: Please list school extra-curricular activities in which you have participated. Note leadership roles and dates.
14	ORGANIZATIONS: Please list community organizations such as service, volunteer and religious organizations in which you are now active or have previously been active. Note leadership roles and dates.
15	RECOGNITIONS: Please list important awards and recognitions received. Note organizations presenting honor and date.
16	GOALS: What are the short and long term goals for your life?

17	NEED: Please explain your need for the Armstrong County Herb Group Scholarship	
18	A. The following criteria must be met in order for the application to qualify to be reviewed by the scholarship committee. B. Your application will be returned to you if these items are not attached to this application. (No exceptions.) C. Circle "YES" or "NO" to be sure you have completed and attached each item as required.	
	YES	NO
	Application complete	
	YES	NO
	Two reference forms. Your references should be in separate sealed envelopes	
	YES	NO
	Proof of college acceptance or current student enrollment. A letter of college enrollment or program enrollment is required for receipt of funds.	
	YES	NO
	Most recent <u>official</u> high school transcripts Photocopies of your transcript are <u>not acceptable</u> .	
	YES	NO
	250 word essay on <u>Why you should be considered for the Armstrong Herb Group Scholarship</u>	

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me to the Armstrong County Herb Group Scholarship Committee is true, correct and without forgery. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the Armstrong County Herb Group Scholarship Program.

I hereby understand that if chosen as a scholarship winner, I must provide evidence of enrollment/registration at the post-secondary institution of my choice before scholarship funds can be awarded.

Signature of scholarship applicant: _____ Date: _____

**The deadline for this application must be
Postmarked by April 26, 2024 No exceptions**