East Donegal Township Scholarship Application Information

PERSONAL BA	ACKGROUND				
First Name Mido		ldle Name or Initial		Last Name	
Address					
City	State	Zip Code		Telephone Number	
Email Address	5				
Date of Birth:	/	Gender: Male _	Female		
Parent(s) or G	uardians(s) with whom	you live:			
Name			Relationship		
Name			Relationship		
ACADEMIC BA	ACKGROUND				
Expected Grad	duation Date:	Class Ra	ank: of		
Grade Point A	verage: ACT	Score (Composite):			
College you p	lan to attend: Name: _				
City		State	Zip		
Circle One:	2-year Institution	4-year Institutio	on		
Major		Car	eer Goals		

ESSAY
The required essay (between 450 and 500 words) is attached:
"The Role of East Donegal Township Government in Today's Society and in the Future"
ACADEMIC TRANSCRIPT
A true and correct copy of my high school transcript, certified by an appropriate school official, is attached.
EXTRACURRICULAR ACTIVITIES (Include school and work activities)
(If additional space is needed please attach a separate sheet)
REFERENCES
Three (3) letters of recommendation, from three (3) individuals (i.e Academic Advisor, teacher, coach) are attached
APPLICATION PROCEDURES
The deadline for this application and required documentation is April 9, 2026.
All applications must be RECEIVED BY 4:00 PM, APRIL 9, 2026.
Facsimile transmissions (faxes) and emails <u>WILL NOT BE ACCEPTED</u> .
LATE APPLICATIONS WILL NOT BE CONSIDERED.
Applicants must meet all the eligibility criteria.
All parts of the application must be typed or be legible in order to be considered.
All attachments must contain the applicant's full name.

Finalists may be requested to appear for a personal interview with the scholarship committee before

final selection of scholarship awards.

winner will also be asked to attend an East Donegal Township Board of Supervisors meeting and have their picture taken for the Township newsletter.						
In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge.						
Signature of Applicant:	Date:					
Signature of Parent of Guardian:	Date:					